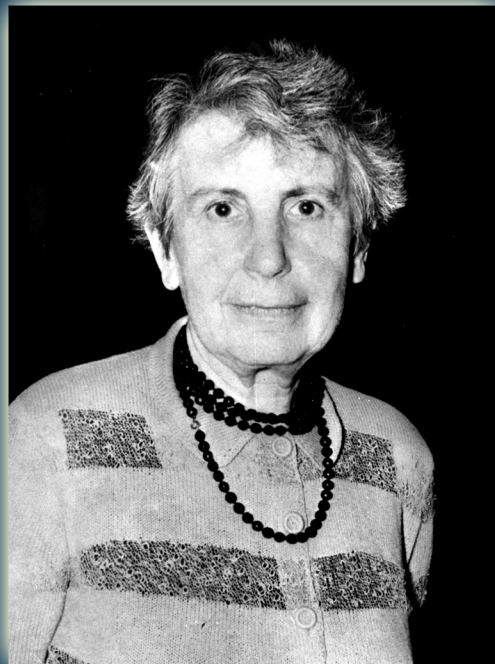




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



Anna Freud (1895-1982)

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Message from Editors

Welcome to Volume 3, Issue1, No. 1. With this volume we have happy to inform, The International Journal of Indian Psychology (IJIP.IN) have celebrate 2nd anniversary. We have got lot of love, care and support to our lovely authors and as well as readers. At this moment we are share some our achievements. 24+ Regular Issues, 16+ Special Issues, Member of 10+ World Libraries, 4000+ Authors, Have 50+ Indexing and Abstracting Partners, We Indexing with 24+ Universities, 674149+ Site Visitors, 4.50 Impact Factor, 2000+ Register Site Users, Connected with 10+ Organizations, Connected with 7+ Smarts Publishers, 200+ Cited Titles, 8 Different Licenses, Global Rank ^9.179.008, and really, this is not possible without your warm support and love. Thanks a lot who have connected with us.

At last, our thanks go out to the members of the journal who have done their best to work at this collaborative effort. May you continue in this wonderful spirit, which, we are sure will sustain your efforts in the future towards enhancing and enriching this journal.

Dr. Suresh Makvana¹
(Editor in Chief)
Mr. Ankit Patel²
(Editor)

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Person of the Issue: Anna Freud (1895-1982)

Ankit Patel¹

Born	December 3, 1895, Vienna, Austria
Died	October 9, 1982, London, United Kingdom
Citizenship	Austrian
Known for	Work on the nature of ego Founder of child psychoanalysis Defense mechanisms
Training	Doctor of Medicine (honorary), University of Vienna, (1975) Doctorate of Science (honorary), Jefferson Medical College, (1964) Doctor of Law (honorary), Clark University, (1950)
Primary Affiliation(s):	International Psychoanalytical Association, (1927-1934) Vienna Psychoanalytical Training Institute, (1935-1938) The Hampstead War Nursery, (1941-1945) The Hampstead Child Therapy Clinic, (1952-1982)



The name Freud is most often associated with Sigmund, the Austrian doctor who founded the school of thought known as psychoanalysis. But his youngest daughter, Anna, was also an influential psychologist who had a major impact on psychoanalysis, psychotherapy, and child psychology. Anna Freud did more than live in her father's rather long shadow. Instead, she becomes one of the world's foremost psychoanalysts. She is recognized as the founder of child psychoanalysis, despite the fact that her father often suggested that children could not be psychoanalyzed.

Anna Freud was born December 3, 1895 in Vienna, Austria. As the daughter of Sigmund Freud, she was inescapably steeped in the psychoanalytic theories of her famous father; however, she did more than simply live in his shadow, pioneering the field of child psychoanalysis and extending the concept of defense mechanisms to develop ego psychology. After finishing her secondary education in 1912 at Cottage Lyceum in Vienna, she completed teachers' training and worked at her alma mater as a classroom teacher for five years. Of her school years she declared that she learned far more at home from her father and his guests. Indeed, she acquired knowledge of psychoanalysis from this group to which few others had access, and this grounded her life-long contributions to the field.

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Person of the Issue: Anna Freud (1895-1982)

The details of Anna Freud's personal life are consistently cryptic, but that her father was the only man in her life long-term is certain. Letters between her and Eva Rosenfeld during the Vienna years are a rare opportunity to catch a glimpse of the very private Anna. According to contributor Gunter Bittner, the letters *"convey the picture of an affectionate, intensely human Anna Freud without a trace of rigidity or psychoanalytic orthodoxy. Here...is a shy young woman of deep feeling. " Indeed she said of herself, "I was always looking outside myself for strength and confidence but it comes from within. It is there all the time."*

Anna Freud died on October 9, 1982 at the age of 86 at her London home. A tribute published in the *New York Times* following her death, noted that *"Freud virtually invented the systematic study of the emotional and mental life of the child and elaborated on it in 50 years of observation, discussion and writing."* She stepped out from beneath her father's very long shadow to make her own very substantial mark upon the field of psychoanalysis, but always remained loyal to his memory and determined to secure his legacy. Upon her death, the Freud family home became a museum dedicated to him.

TIME LINE

1895- Born December 3 in Vienna, the sixth and youngest child of Sigmund and Martha Freud is born. They name her Anna.

1905- Anna starts school at Salka Goldman Cottage Lyceum - she will later return here as a teacher.

1909- From the age of 14 Anna Freud's interest in psychoanalysis was clear. This paved the way for the rest of career.

1912- Finished schooling at Cottage Lyceum, Vienna

1914- During a holiday to England, WW1 breaks out, meaning Anna must flee back to Vienna as an enemy alien.

1914 Sept.- Returning to her old school, Salka Goldman Cottage Lyceum, she begins her teacher qualification.

1918- Although parent/child psychoanalysis is deemed controversial, this series of psychoanalysis was, in the end, concluded as successful.

1920- After 6 years at her old school she finally qualifies as a teacher. This experience becomes invaluable in her child psychoanalysis research.

1920- Attended the International Psychoanalytic Congress at The Hague

1922- Anna reads a formal paper to the Viennese Psycholanalytic Society in order to become an accredited member.

1922 Oct.- Anna attends the International Psychoanalytic Congress of Psychoanalysis in Berlin, founded by her father.

1922- Presented paper Beating Fantasies and Daydreams to Vienna Psychoanalytic Society and became a member

1922-1935 Introduction to Psychoanalysis

1925- Taught seminar at Vienna Psychoanalytic Institute on technique of Child Analysis

Person of the Issue: Anna Freud (1895-1982)

1927- Introduction to the Technique of Child Analysis

1927-1934- General secretary of the International Psychoanalytic Association

1935- Director of Vienna Psychoanalytic Training Institute

1936- The Ego and the Mechanisms of Defense

1937- 'The Ego and the Mechanisms of Defence', the first of Anna's books, is published in English. To this day it remains a very important work.

1938- As the Nazis enter Vienna, the Jewish Freud family leave Austria and flee to England.

1939- Anna's father Sigmund Freud dies from jaw cancer less than a year after their move to England.

1939- With the outbreak of World War Two Anna sets up residential war nurseries in Hampstead for homeless children of war.

1939-1945-Infants without Families

1941-1945- Harsh divisions between Anna and her colleague Melanie Klein, documented in a series of Controversial Discussions, end when the British Psycho-Analytic Society split into three training divisions, however the Society remained whole

1945-1956- Indications for Child Analysis and other papers

1947- Establishment of Hampstead Child Therapy Courses and children's clinic

1950- Honorary doctorate from Clark University

1950 to death- traveled back and forth to US to give lectures

1951- Anna's mother, Martha Freud, dies.

1956-1965 Research at the Hampstead Child Therapy Clinic

1965- Anna's seventh title is published, one of her most important books which continues to make contributions in the fields of education and paediatrics.

1965- Normality and Pathology in Childhood

1967- Problems of Psychoanalytic Training, Diagnosis and the Technique of Therapy

1967- Received C.B.E. from Queen Elizabeth II

1968- Publication of collected works

1970- Psychoanalytic Theory of Normal Development

1972- Received honorary medical doctorate from Vienna University

1973- Received honorary president of International Psychoanalytic Association

1975- Anna receives her MD from the University of Vienna.

1981- Anna is awarded with a PhD from Goethe Institute in Frankfurt.

1982- Died October 9th

1983- Hampstead Clinic becomes Anna Freud Center as tribute to her memory

1986- Home of 40 years changed into the Freud Museum

AWARDS & ACHIEVEMENTS

- In 1965, she received the Dolly Madison Award.
- In 1967, she was named a Commander of the British Empire by Queen Elizabeth II.
- In 1975, she was awarded an MD degree from the University of Vienna. The same year, she also received the Grand Decoration of Honor in Gold.

MAJOR WORKS

- She created the field of child psychoanalysis and her work contributed greatly to the understanding of child psychology. She noted that children's symptoms differed from those of adults and were often related to developmental stages.
- One of her most significant published works is 'The Ego and the Mechanisms of Defense' in which she outlined and expanded upon her father's theory of psychological defense mechanisms.

QUOTES

"Creative minds have always been known to survive any kind of bad training."

"I was always looking outside myself for strength and confidence but it comes from within. It is there all the time."

"Create around one at least a small circle where matters are arranged as one wants them to be."

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A Study on Organizational Commitment of Police Employees

Abhay Pratap Singh¹

ABSTRACT

In the present study, an effort has been made to investigate the level of organizational commitment in police personnel. A 3x2 factorial design with three levels of job hierarchy (i.e., officers, sub inspectors & constables) and two levels of job tenure (i.e., short job tenure & long job tenure) was used. A total of 240 police employees were randomly selected from various police stations of Eastern U.P. Organizational commitment scale (Allen & Meyer, 1990) was used to determine the level of organizational commitment in employees.

Results revealed that the extent of organizational commitment varied significantly in various group of police employees. Affective commitment was found greater in officers than sub - inspectors and constables respectively. Whereas, normative commitment was found greater in officers and sub-inspectors as compared to constables. Long job tenure group reported high level of normative commitment as compared to short job tenure group. Overall organizational commitment was found maximum in officers as compared to sub-inspectors and constables. Long job tenure group reported high level of overall commitment as compared to short job tenure group. Interaction effects of job hierarchy and job tenure on normative and overall organizational commitment were also found. Results have been discussed in the light of individual and organizational factors.

Keywords: *Affective, Continuance, Hierarchy, Normative, Tenure, Organizational Commitment*

Many organizations say that their employees are the greatest agent and asset of their success. When we discuss about police organization's functioning, we find that it is very hard working organization, we encounter notions such as organizational effectiveness, organizational efficiency, job performance, payment, working hours etc. However the notion of organizational commitment is overlooked, although it is the much importance to organizational functioning. It is fact that police employees usually work in unpredictable situations like group violence, communal violence, murder etc, where they experience stress and frustrations, poor interpersonal relation between officers and followers, excess working hours and poor working places may go down the level of commitment, adjustment and so on.

Researchers defined organizational commitment as the degree of an individual's relations and experiences as a sense of loyalty toward one's organization. In addition to loyalty, organizational

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commitment encompasses an individual's willingness to extend effort in order to further an organization's goal and the degree of alignment the organization has with the goals and values of the individual (Mowday, et.al.1979). Allen and Meyer (1996) have defined organizational commitment as a psychological link between an employee and his organization that makes it less likely that the employee will voluntarily leave the organization. Organizational commitment refers to the extent to which an employee develops an attachment and feels a sense of allegiance to his or her employer (The Pennsylvania State University, 2011).

Meyer and Allen (1991) proposed a three component model of organizational commitment viz; affective commitment, continuance commitment and normative commitment. 1. Affective commitment refers to the employee's emotional attachment to identification with and involvement in the organization ('Want to'). Employees with strong affective commitment continue employment with the organization because they are bound by their emotions to do so. 2. Continuance commitment refers to an awareness of the costs associated with leaving the organization (need to). 3. Normative commitment reflects a feeling of obligation to continue employment ('ought to') or Organizational Retaliatory Behavior (ORB). Employees with high level of normative commitment feel that they ought to remain with the organization by virtue of their belief that it is the right and moral thing to do (Meyer & Allen, 1991 ; Scholl, 1981 ; Weiner, 1982).

Literature suggests that employee's personality and organizational factors may be an important antecedent to organizational commitment. Randall (1990) found that white collar workers have more commitment at work than blue collar workers. The studies of employed persons in actual work setting (Bruning and Snyder, 1981; Snyder and Bruning, 1979) also showed that 'position' characteristics are primary determinants of an individual's work related sense of commitment. Study conducted on a public sector unit revealed that executives were more committed to their organization than supervisors (Pattanayak, Mishra and Mishra, 1993). McCaul et al (1995) found a relationship between organizational commitment and hierarchical level. Benkhoff (1997) also found organizational commitment to increase with hierarchical position in an organization. Some evidence proved that years in position and years of experience are positively associated with commitment. Previous studies have indicated that position tenure (Gregersen and Black, 1992; Mottaz, 1988) and organizational tenure (Mathieu and Hammel, 1989; Mathieu and Zajac, 1990) have small but positive effects on commitment. The length of service in an organization is positively related to the level of internalization of organizational values, which results in greater commitment from the individual (Allen and Meyer, 1990; Hettriegel et al, 1995; O'Reilly et al., 1991)

Mathieu and Zajac (1990) have grouped antecedents of commitment into two categories: 1. Personal Characteristics i.e., Age, Sex, Education, Marital Status, Tenure, Perceived Competence, Ability, Salary, Other Factors 2: Situational factor i.e., Group Dynamics, Job Characteristics, Organizational characteristics, Role States, Social involvement and perceived pay equity.

A Study on Organizational Commitment of Police Employees

Researchers have confirmed that individually valued variables such as need satisfaction , managerial respect, intrinsic motivation , work outcome measures , job satisfaction (Bhattacharya and Verma , 1988; Mohan and Srivastava,1986 ; Steers, 1977; Verma , 1986 ; Weiner and Vardi, 1980) and organizationally valued variables such as performance level of employees, turnover, organizational culture/climate, organizational adaptability discipline value and performance value (Amsa and Puneekar , 1985; Angd and Perry, 1981;Padaki and Gandhi,1981; Singh and Das , 1978; Steers, 1977) are both mutually related to organizational commitment.

Despite the vast amounts of researches on employee's organizational commitment are still do not know very much about the factors that explain the phenomenon. In context, very few studies particularly on Indian police sample have tested in the context of hierarchical level and job tenure. Indeed, employee attachment and commitment can be varied not only with organization, but also other factors, such as type of job position, job tenure and so on within the job.

After review of earlier studies and some general observation of police functioning of Gorakhpur zone, this study was planned to investigate 'the role of job hierarchy and job tenure on organizational commitment of police personnel '

OBJECTIVE:

1. To examine the role of job hierarchy and job tenure on organizational commitment of police employees.

HYPOTHESIS:

- 1) The job hierarchy (officers, sub-inspectors & constables) and job tenure (short job tenure and long job tenure) would exercise impact on organizational commitment..

METHOD

Design:

This study is based on a 3x2 factorial design with three level of job hierarchy i.e., Officers, Sub-Inspectors, and Constables and job tenure i.e., Short Job Tenure (below 5 years) and Long Job tenure (above 10 years).

Sample:

A total of 240 male police personnel participated as respondents in this study. Stratified random sampling technique was used. The sample was selected from various Thana, traffic offices, fire stations, PAC offices of Gorakhpur Zone.

Measuring Tools:

Personal Data Sheet: P.D.S was used to collect the background information.

Organizational Commitment Scale (OCS) : The revised scale of organizational commitment (Allen & Meyer, 1990a) was used to ascertain organizational commitment. The original scale comprises of 8 items each (Allen & Meyer, 1990a) on the three dimensions. The revised scale comprises of 6 items on each of the three dimensions and hence, consists of 18 items. To adapt in Indian culture the English version of the Meyer, Allen and Smith (1993) scale was translated in Hindi and finally, Indian adaptation of organizational commitment scale, made by Khan and Mishra, (2002) was used in this study. This scale contains three components of commitment i.e. affective, continuance and normative.

Scoring:

Originally, the scale was 5 point Likert Scale. There were four negatively worded items, three in affective commitment and one in normative commitment sub-scales. The negatively worded items are to be scored in reverse order i.e., 5, 4, 3, 2, 1 order. The responses of the identified items were added to generate dimension wise and overall organizational commitment. Thus, the possible score for commitment sub scale would be 6 to 30 and for overall organizational commitment scale from 18 to 90. High score indicates high level of agreement and low score indicates low agreement on commitment dimensions in the organization.

Procedure:

Participants were contacted at their workplaces. They were introduced about the problem of the study. Each participant was promised that his personal views and information would not be disclosed at any cost. After receiving the initial willingness of the respondents to participate in the study, their background information's were collected on the basis of Personal Data Sheet (P.D.S). Then, they were requested to respond on organizational commitment scale. As soon as, they completed their responses on above said measures, data were collected and respondents were thanked for participation. Obtained data were scored according to defined rules as given in manuals.

RESULTS

The scores were found on the basis of responses given by police personnel on Organizational Commitment Scale. Obtained scores were treated statistically in terms of Mean, S.D and ANOVA Analysis. Results are displayed in Table 1 and Figures 1,2,3,4,5,6,7 & 8

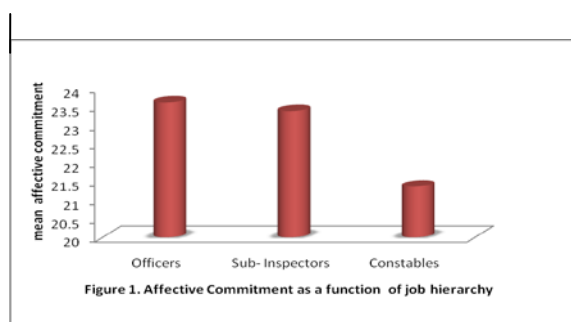
Table 1: Shows Means, SDs and F- Values of organizational commitment as a function of job hierarchy and job tenure

Variables		Officers		Sub-Inspectors		Constables		F - Values
		S.J.T.	L.J.T	S.J.T.	L.J.T	S.J.T.	L.J.T	
Affective commitment	Mean	22.41	24.8	22.92	23.83	19.94	22.79	A = 3.74* B = 7.79**
	S.D.	7.25	4.14	5.93	4.77	5.46	6.42	
Continuance commitment	Mean	21.97	22.2	23.67	21.76	22.32	22.55	
	S.D.	4.18	4.53	4.02	4.15	5.72	4.51	
Normative commitment	Mean	21.44	24.46	23.28	22.34	19.34	22.52	A = 4.89** B = 8.86** A x B = 5.29**
	S.D.	3.84	5.35	2.91	4.26	5.69	3.74	
Overall commitment	Mean	65.82	71.46	69.87	67.93	61.6	67.85	A = 5.48** B = 8.28** A x B = 5.28**
	S.D.	8.9	7.74	7.4	8.12	11.67	7.89	

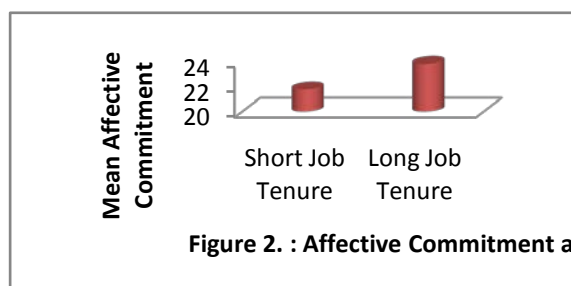
N = 240, S.J.T. = Short Job Tenure, L.J.T. = Long Job Tenure, N = 240, ** = $P < .01$, * = $P < .05$

ANOVA analyses were done on various domains of commitment as well as overall commitment in relation to job hierarchy and job tenure.

On affective commitment, main effect for job hierarchy was found significant [$F(2, 234) = 3.74$, $P < .05$], which revealed that officers showed high degree of affective commitment ($M = 23.61$) than sub-inspectors ($M = 23.38$) and constables ($M = 21.36$) respectively (Fig. 1).



Main effect for job tenure was also found to be significant [$F(1, 234) = 7.79$, $P < .01$], which revealed that employees belonging to short job tenure group reported lesser affective



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commitment ($M = 21.76$) than long job tenure employees ($M = 23.81$) (Fig. 2).

Furthermore, results are shown in Table 1 and Fig. 3, on normative commitment, main effect for job hierarchy [$F(2, 234) = 4.89, P < .01$] was found to be significant. Results denote that officers reported high normative commitment ($M = 22.95$) than sub-inspectors ($M = 22.81$) and constables ($M = 20.93$) respectively.

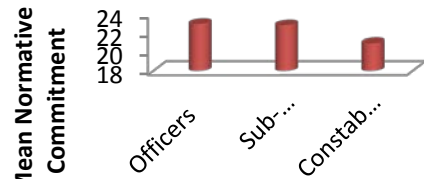


Figure 3. : Normative Commitment

Main effect for job tenure was also found to be significant [$F(1, 234) = 8.86, P < .01$]. Results indicated that employees of long job tenure group expressed higher level of normative commitment ($M = 23.11$) than short job tenure group ($M = 21.35$) (Fig. 4).

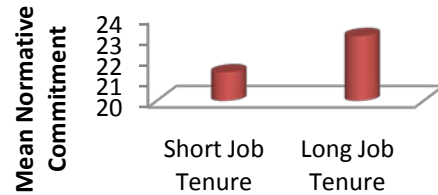
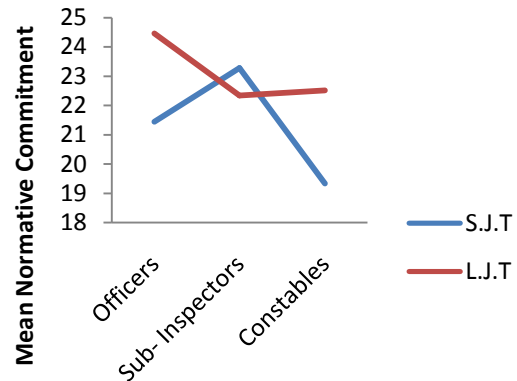


Figure 4. : Normative Commitment

Job hierarchy x job tenure interaction effect (Fig. 5) was also found significant [$F(2, 234) = 5.29, P < .01$]. The result indicated that officers belonging to long job tenure group showed more normative commitment ($M = 24.46$) than constables ($M = 22.54$) and sub inspectors ($M = 22.34$). Contrary to this, in case of short job tenure group sub inspectors reported high level of normative commitment ($M = 23.28$) than officers ($M = 21.44$) and constables ($M = 19.34$).



Results are shown in Table 1, on overall commitment, main effect for job hierarchy was found significant [$F(2, 234) = 5.48, P < .01$], which revealed that sub-inspectors ($M = 68.9$) and officers ($M = 68.64$) reported high degree of overall commitment than constable ($M = 64.73$) (Fig. 6).

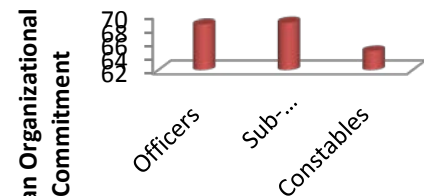


Figure 6. : Overall Organizational..

Main effect for job tenure was also found to be significant [$F(1, 234) = 8.28, P < .01$], which indicated that employees belonging to long job

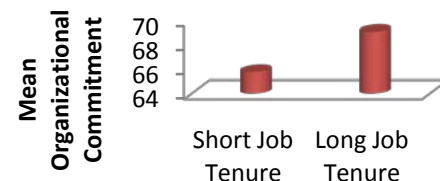
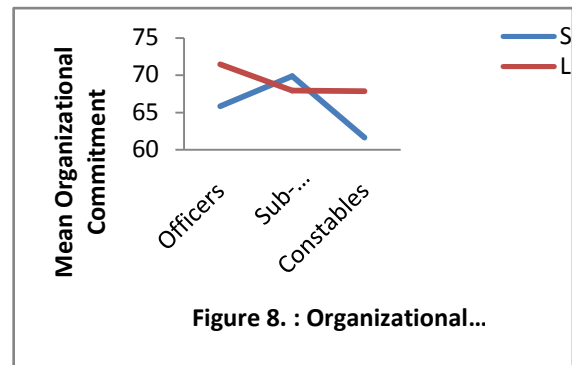


Figure 7. : Overall Organizational

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tenure reported high overall commitment ($M = 69.08$) than short job tenure ($M = 65.76$) (Fig. 7).

Further, significant job hierarchy x job tenure interaction effect (Table 1 & Fig. 8) [$F(2,234) = 5.28, P < .01$] indicated that officers belonging to long job tenure expressed more commitment ($M = 71.46$) than sub-inspectors ($M = 67.93$) and constables ($M = 67.85$). Contrary to this, in case of short job tenure, sub-inspectors showed high level of overall commitment ($M = 69.87$) than officers ($M = 65.82$) and constables ($M = 61.60$).



DISCUSSION

The findings of ANOVA indicate that the level of organizational commitment (overall and domain wise) varied across different groups of police employees.

Present result evinced that officers expressed more affective commitment than sub-inspectors and constables. Furthermore, long job tenure group reported more affective commitment than short job tenure group. Findings are interpreted below in the light of others researches.

Numerous studies evinced that organizational structure and organizational factors influence the level of affective commitment (Bateman & Strasser, 1994; Mathieu & Zajac, 1990; Morris & Steers, 1980). Study conducted on a public sector unit revealed that executives were more committed to their organization than supervisors (Pattanayak, Mishra and Mishra, 1993). Benkhoff (1997) also found organizational commitment to increase with hierarchical position in an organization. Tiwari and Mishra (2008) found that railway officers showed more affective commitment than clerks and class 4th employees. Results of others studies underlying psychological theme (Eizenberge, Hundtrington, Hutchison & Sowa, 1986; Guzzo, Noonan & Eiron, 1984) suggest strong links between employee perceptions of support and affective commitment to the organization. Singh (2012) pointed out that officers of police organizations have greater affective commitment than that of other counter parts.

Results further indicated that normative commitment was found greater in officers than sub-inspectors and constables. Significant main effect for job tenure indicated that employees of long job tenure reported more normative commitment than the employee of short job tenure. Apart from this, job hierarchy x job tenure interaction effect (Fig. 5) denotes that officers of long job tenure expressed more normative commitment than constable and sub-inspectors. However, in case of short job tenure sub-inspectors reported more normative commitment than officers and class 4th employees. This finding is supported by other studies (Mishra & Srivastava, 2000; Tiwari, 2006; Singh, 2012).

Findings of present study can be validated on the basis of Weiner's model of commitment, which is based on behavioural intention and places commitment within a motivational frame work that distinguishes between instrumental beliefs and beliefs about social norms. Real commitment derives from internalized narrative beliefs. Such values based on normative commitment plus instrumental motivation, determines behavioural intention and organization related behaviour. Findings of present study can also be validated on the basis of three pillar model of commitment propounded by Martin and Nicholls (1987). First pillar is a sense of belongingness to the organization created by officers through ensuring that the work force is informed, involved and sharing in success. Second, a sense of excitement in job, it means improved results will not be achieved unless employees may also feel a sense of excitement about their work, which results in the motivation to perform well. This sense of excitement can be achieved by appealing to the higher level needs of pride, trust, and accountability. Last pillar is confidence in management officers, it shows the respect of employees towards officers are enhanced through attention to authority, dedication and competence. Thus, finally it shows how a wide variety of initiatives taken by officers fit into a coherent picture all pulling in the same direction and mutually reinforcing, it shows, the sense of belonging and excitement can be frustrated if workers do not have respect for and confidence in managerial leadership. This respect is enhanced through attention to authority dedication and competence. Thus, finally it shows how a wide variety of initiatives taken by officers/management fit into a coherent picture all pulling in the same direction and mutually reinforcing.

CONCLUSION AND RECOMMENDATIONS

- 1- Officers reported greater affective commitment than sub inspectors and constables.
- 2- Officers showed high level of normative commitment as compared to sub- inspectors and constables.
- 3- Sub - inspectors and officers reported high level of overall organizational commitment.

On the basis of these findings, certain recommendations have been made:

- Authorities of the police organization should pay an attention to create a better quality of work place and by providing innovations and stimulation in job and better opportunity of personnel growth, which would enhance the level of commitment in employees.
- Government should pay an attention to maximize payment for lower employees as compared to similar rank employees of other organization.
- Higher authorities of the police organization should pay an attention to create a healthy work environment.
- Police organization should apply managing tactics for solving the behavioral and interpersonal problem.
- Officers and followers should follow more socially approved behavior with colleague, followers and public.

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Adolescent Romantic Relationships

Prerna Varma¹, Dr. Anurakti Mathur²

ABSTRACT

Adolescence is more than just a period of strife and strive. It also serves as a period of change, physical and emotional transformation- the first brush with romance. Romantic Relationships are a remarkable mystery to Indian teenagers. With Westernization of urban Indian societies, young people now tend to spend a greater deal of time being in romantic relationships, dating and thinking or talking about that perfect partner. But most parents and adults in general might dismiss as superficial. And while most adolescent relationships may last just for a few weeks or months and may not have the complexity of a committed relationship, they are certainly significant for young people and even crucial for their development. Healthy or unhealthy relationships have pertinent social and emotional effects. In this article, we summarize the theoretical framework on adolescent romantic relationships, their implications on health, adjustment, development of identity, close-relationships with peers, achievement and career and development of sexuality. It also discusses teenage pregnancy and HIV-AIDS among adolescent population.

Keywords: *Adolescents, Romantic Relationship, Identity Formation, Adolescent Sexuality*

Romantic relationships have been considered as a hallmark of adolescence in the West (Collins, Welsh, & Furman, 2009). But recently, they have become popular in Indian societies as well. Globalization, Westernization and the internet boom has made these relationships more common. And while they were considered trivial or even transitory earlier, they are now regarded as significant for adolescent development (Smetana et al. 2006). The last decade has led to increase in scientific interest when it comes to adolescent romantic relationships.

Most of the adolescents and teenagers undergo the feelings of butterflies in stomach, attraction and formation of a unique bond between two people from the opposite sex. They experience such a relationship where two individuals fall in love with each other and in such a situation it is called as the romantic relationship. Basically, romantic relationships are mutually acknowledged ongoing voluntary interactions that are commonly marked by expressions of affection and perhaps current or anticipated sexual behavior (Brown et al. 1999, Furman & Collins 2008, Manning et al. 2006). Most of the teenagers feel that they have fallen into a relationship that provides them a sense of personal satisfaction on emotional and possibly physical ground and

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gives them a chance to grow, mature, validate their opinions, understand the concepts of love, care, trust, respect and kindness and practically apply these on the one they think they love. Most of the teenagers when start a relationship feel to be a part of those 2% of people who can develop, sustain a romantic relationship formed during teenage and consequently reach the altar.

Apart from feelings of closeness and voluntary interactions, how do these adolescent romantic relationships affect overall development of young minds? This is discussed in the next section.

THE CONCEPT OF LOVE

Millions of poems, songs and cards have been written about ‘love,’ but what teenagers and adolescents think about the concept of love?

Well, for some adolescents, love is larger than life, for others, it is their way of developing sexually, finding an identity, for some it is all about finding someone they want to ‘cuddle with’ for the rest of their lives. Some adolescents may find their ‘soul-mate’ at the age of 14, while a few others simply fantasize about a romantic rendezvous with the math class student they sit right next to!

Overall, love, as a concept goes beyond feelings. At its very core love may be more about the physical changes in the body than anything we might assume are psychological. The physical changes affect our psychological process and we are sprung into the euphoric feelings we associate with love. The good news is that all the complaints, bad feelings, and bodily aches may disappear when we are in love.

Love if nurtured properly leads to emotional bonding. What at earlier levels may be called as infatuation or attraction can actually become an emotional bond that requires a sense of commitment, feelings of trust, care, understanding, awareness of one’s own self and the other, proper communication, sharing of ideas, thoughts, feelings and actions. Love might start as an obsession about some particular person and may culminate into the formation of a unique bond among the two that has more of psychological basis rather than physical ones. But this is not the concept of love. As the number of humans and the number of relationships increase, the concept of love may also increase. In case of a romantic relationship among two friends the concept of love may be vice-versa where the two experiences an emotional bondage far before the physical attraction, while some others who have successful long- distance relationships may not feel obsession for each other. At its very core love may be more about the physical changes in the body than anything we might assume are psychological. The physical changes affect our psychological process and we are sprung into the euphoric feelings we associate with love. The good news is that all the complaints, bad feelings, and bodily aches may disappear when we are in love.

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The fact that the concepts of romance and love can be as unique as the number of adolescents around the world makes adolescent romantic relationships quite a curious concept for researchers. The researches on the possible effects of these relationships begin mostly after 2000, with studies beginning to understand the primary perceptions of adolescents towards their potential partners and the extent of their dating. Contemporary researchers have since then expanded their view. They are now more interested in understanding the positive and negative implications of these relationships, with great attention to cultural, racial and socio-economic diversity and elements. Others are interested to see how romantic relationships may lead to identity development, have effects on the physical changes and sexuality, impact the emotional quotient and general psychological functioning. The theoretical aspects of these relationships, their possible impact on different development factors are discussed in the following sections.

REASONS BEHIND INCREASE IN ADOLESCENT DATING CULTURE IN INDIA

Meeting socially for companionship, going beyond companionship has become quite popular in the Indian culture. Dating as a concept mayn't have been known off some two or three decades ago, but now, it is quite common, with adolescent dating culture increasing in the country. Here are some of the reasons behind the rise in dating culture.

Westernization- The increasing acceptance of Western Culture has helped urban Indians accept the concept of dating among adolescents more openly. Parents may still don't approve of adolescent romantic relationships, but they do accept it and recognize its growing occurrence. This has led to increased popularity of dating culture among adolescents.

Early Puberty- Boys and girls now experience puberty at younger ages than previous generations. In general, girls enter puberty between ages 8 and 13 and reach menarche (first menstruation) several years later, while boys enter puberty between ages 9 and 14. As they enter puberty earlier than before, boys' and girls' interest in sex increases. At the same time, they experience strong, often conflicting emotions and social pressures as they move away from childhood dependence toward more independent adulthood. Hence most of them tend to look out for romantic partners more often than before.

Peer Pressure- Most of the teenagers enter in the dating culture just for the sake of gaining acceptance among the peer group. They fear being ridiculed by their friends and their

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apprehension regarding their non-acceptance among the group if they don't follow the dating norm can actually lead to increase in number of dates.

Media Influence- Media particularly electronic and social media has these days shown love to be heaven-like. Most of the movies and television shows portray teenagers as people trying to find out their soul-mates. The concept of the “perfect one” has created indelible imprint on the minds of adolescents who too try to find for their perfect one and keep on dating till they feel that they have come across somebody who has a “connection” with their heart and soul. Adolescents now love to show off their new partner, click pictures of walking hand in hand due to the popularity of couple photos on social media.

THEORETICAL PERSPECTIVES ON ADOLESCENT RELATIONSHIPS

Biosocial Perspective- Basically, these perspectives suggest that social transformations should accompany physical transformations, a reason why adolescent romantic relationships take place in the first place. Therefore, it can be considered that social relationships and reproductive fitness or puberty occur together (Weisfeld, 1999). Human and non-human studies across the world indicate that reproductive maturation is exhibited by increasing romantic relationships and reduced physical closeness from parents. Therefore, evolutionary theory plays a role in adolescent romantic relationships (Susman, 2006)

Interpersonal Perspective- This perspective assumes that social relationships and the nature of different social processes guide individuals towards romantic relationships. Since it is considered that these relationships contribute in individual development, they begin during the time of adolescence, a period of constant change and identity formation.

Ecological Perspective- Social and cultural contexts have always encouraged humans to develop close relationships and give them special meaning or significance. This is the ecological perspective, which suggests that nature, age and other factors behind adolescent romantic relationships are shaped by current social, economic, geographical, and cultural and community conditions. That's the reason why adolescent romantic relationships, which weren't popular a few decades ago are widely popular now.

THE DEVELOPMENTAL SIGNIFICANCE OF ADOLESCENT ROMANTIC RELATIONSHIPS- GOOD AND BAD

Romantic relationships cast a crucial impact on the lives of teenagers. A healthy successful relationship can make teenagers more self-aware, confident, positive and interactive on the other hand an unsuccessful relationship can actually hinder a teenager's moral, social and intellectual development. Though most of the teenagers undergo a negative impact of the breakup of a relationship but sooner or later find ways to divert their mind and later enter into new relationships. But if teenager undergoes series of relationships, failing at each one of them can make a teenager lose self-confidence, form a negative self-identity and be a crucial cause behind depression and suicide among teenagers.

Adolescent Romantic Relationships

Undoubtedly it cannot be denied that teenage relationships play a primary role in helping an adolescent adapt to one's environment, social and cultural settings. For instance, A teenager who develops a strong, long lasting romantic relationship with her/his partner is normally more motivated and hence has better chances of realizing what s/he desires for. Since these adolescents have more emotional support from the member of opposite sex hence they tend to gain more knowledge about their own self and realize what they wish to gain from the society. In a successful relationship, the partner helps validate more of your positive opinion giving you a chance to adjust to the society in more creative and positive manner.

For all those teenagers who aim at establishing a romantic relationship for the sake of acceptance among a particular peer group might actually gain proper insights from their relationships. Sooner or later, teenager with such a motive realize that how and why it is not required to always follow a group norm or how not to succumb under peer pressure.

Teenagers grow physically and psychologically out of a relationship. They realize their goals and aspirations after having gone through romantic relationships.

Some teenagers might also learn important lessons in the terms of self-defense. It has researched that 1 out of every 10 teenager in a relationship is abused at some point of the time or the other. Hence, such an abusive relationship might actually make situations for a teenager worse. But at the same time it might inspire and motivate the teenager to fight for the rights of one's own self.

One of the key developmental tasks of adolescence is forming a sense of identity. Young people are in the process of refining their personal values and determining future goals. Just like relationships with family and friends, romantic relationships can facilitate the process of youth gaining a greater understanding of who they are and what they value.

Adolescent romantic relationships can also provide a training ground for youth to develop interpersonal skills. Through their dating relationships, adolescents often refine their communication and negotiation skills, develop empathy, and learn how to maintain intimate relationships. The emotional ups and downs associated with getting together and breaking up may also help youth develop important skills. While breakups may put some young people at risk for depression, they may also help youth develop emotional resiliency and coping skills needed to handle difficulties later in life (Barber & Eccles, 2003).

As adolescents become more autonomous from their parents, their romantic relationships increasingly become a source of emotional support. One study found that, among tenth graders, only close friends provide more support than romantic partners (Furman, 2002). The role of romantic relationships as a source of support and identity formation may be especially important for sexual minority youth who are often compelled by social norms to keep their sexual orientation secret from family and friends. For sexual minority youth, their romantic partners may be the only people with whom they feel comfortable (and safe) sharing their thoughts and feelings about their sexual identity (Barber & Eccles, 2003).

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Romantic relationships are increasingly becoming a source of emotional support for most adolescents, as they become more autonomous from their parents. Romantic relationships and their experiences, both positive and negative have an impact on emotional development. For instance, individuals who characterize their relationship experiences as positive tend to be outgoing, feel comfortable in sharing their thoughts and can be more eloquent in nature. On the other hand, those who describe their experiences in negative may have commitment issues, difficulty in staying in relationships during adulthood and may experience feelings of loneliness. Depending on the relationships, adolescents may also develop rejection sensitivity.

Basically, romantic experiences play a major role in overall individual development. Not only are they responsible for sexual development and understanding of sexual identity, they also help in developing a general sense of identity. In general, adolescents who have had positive experiences in relationships will think of themselves as attractive, while those who have had adverse romantic relationships might have little confidence in their ability to have successful relationships (Furman & Shaffer, 2003).

Romantic relationships play a key role in sexuality. Sexual behaviors and knowledge about one's sexuality develops during this period.

Gender-related behaviors and gender-role identity is also established during this period (Hill & Lynch, 1983). Girls may be expected to adhere to feminine stereotypes and boys may be expected to adhere masculine traits. Relationships will further intensify these behaviors. For instance, a boy who is rewarded in kisses for his beard will shave more often and act manlier, while a girl who is punished or rebuked for wearing western outfits and denims might start wearing Indian outfits like suits to comply with the demands of her boyfriend.

At the same time, significant changes take place in familial environment as well. During adolescence, the interaction between a child and parent is decreased (Larson & Richards, 1991). While these changes don't reflect a detachment from parents, they do reflect a transformation in parent and child relationship. The process may not be a smooth one and may lead to periodic conflicts.

Romantic relationships play a major role in transformation of family relationships as well. On a basic level, adolescents may spend less time with the family members and spend more time with their romantic partners (Zimmer-Gembeck, 1999). At the same time, romantic relationships can also be a cause of conflict and tension in the family. With different expectations and parental concerns about the risks of these relationships, particularly among Indian parents, the adolescents and parents might experience conflicting situations.

During adolescence, children in India make transitions from middle school to high school, then high school to secondary school and consequently to college. Therefore, relationships during this period effect career development and scholastic achievement as well.

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Overall, early involvement in romantic relationships is linked with poorer scholastic achievement (Grinder, 1966). A negative correlation has been found between romantic involvement and sexual behavior with academic achievement. It is considered that time spent with romantic partner could be a distraction from schoolwork (but results may vary from partner to partner and their characteristics).

RISKS OF ADOLESCENT ROMANTIC RELATIONSHIPS- ABUSE, TEENAGE PREGNANCY, STDS AND HIV-AIDS

While healthy romantic relationships have many potential benefits for youth, unhealthy relationships pose risks that may have long-lasting impact. Youth are particularly vulnerable to becoming involved in relationships that include dating violence and risky sexual activity. In fact, teens report dating abuse more often than any other age group (National Center for Injury Prevention and Control, 2006).

Abuse Adolescents in dating relationships are at great risk for experiencing verbal, emotional, and physical abuse from their partners. A majority of teens (61 percent) who have been in relationships report that a partner has made them feel bad or embarrassed about themselves. More than one-fourth (27 percent) of dating teens said that they have a partner call them names or put them down. Nearly one third (30 percent) of teens who have been in relationships said that they have worried about being physically hurt by a partner and 15 percent said they have been hit, slapped, or pushed by a partner (Teenage Research Unlimited, 2006). Dating violence is not limited to heterosexual youth. One study found that sexual minority youth are more likely to have experienced dating violence than other students (Massachusetts Department of Education, 2003). Failure in relationships is also one of the largest causes of depression among Indian Youth (Saini & Singh, 2008)

Involvement in abusive relationships can have lasting consequences for youth. Teens who have experienced physical dating abuse are more likely to be involved in intimate partner violence as adults (National Center for Injury Prevention and Control, 2006).

STDs also put teens at risk of sexually transmitted infections and pregnancy (Furman, 2002). The strongest predictor for having sexual intercourse in 7th through 12th grades is recent involvement in a romantic relationship (Bouchey & Furman, 2003). A significant minority of teens in romantic relationships report feeling pressure to engage in sexual activity. One out of four teens report that having sex is expected if you are in a relationship and almost one-third of teen girls who had been in a relationship said that they have been pressured to have sex or engage in sexual acts when they did not want to. Additionally, nearly one-fourth of teen girls reported that they have gone further sexually in a relationship than they wanted to (Teenage Research Unlimited, 2006). Sexual activity can, of course, have long-term consequences. Almost one-third of sexually active girls report having been pregnant (Suellentrop & Flanigan, 2006) and one out of two sexually active young people can expect to become infected with an STD by age 25 (Center for Health and Healthcare in schools, 2004).

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Teenage pregnancy is a risk that is on rise in India. Although, 18 is the marriageable age for a female, girls are married much earlier, which coupled with the rising number of adolescent relationships in the country has led to a steep rise in the Teenage pregnancy cases. But, it's not just the number of pregnant adolescents (The Times of India), but self-abortions and botched up abortions that are making doctors and psychologists concerned. With the idea of a contraception or a pill considered a taboo, most young women end up not buying them, engaging in sexual intercourse and increasing their chances of conceiving. Different data suggest that teenage pregnancy in India is as high as 62 teens out of every 1000 women in urban regions, pointing out to the growing number of pregnancies due to teenage relationships.

But that's not the only thing that concerns psychologists and healthcare personnel in general. It actually the fact that India has the third highest number of people living with HIV that is of special concern. Reports by UNAIDS suggest that 2.1 million Indians are infected with this deadly virus, with 30 percent of the population involving young adults. That's an alarming trend!

The risks need to be handled. Since adolescent romantic relationships are a growing norm in the country, it is essential that teenagers are openly taught about sex. Sex education should be made an important part of the curriculum. Students should not only be taught about sex, but even the measures that can be used for preventing STDs and pregnancy.

It is also crucial that the taboo associated with the use of contraceptives is done away with. Similar to condom dispensing machines, government must install contraceptive dispensing machines for youngsters indulging in sexual activities. Similarly, special support should be provided by community doctors and gynecologists, teaching adolescents about the correct contraception and support that they can receive from the community in case of teenage pregnancies.

But what's even more important is that parents should be supportive. Adolescents, who can openly discuss their relationships with their parents are less likely to get pregnant. It is important that parents accept the evolutionary changes in the society and discuss sexuality, abuse and other issues with their children to ensure that in case of a risk, adolescent can turn to their parents for emotional support and strength.

How Psychologists can help?

Since it is majorly psychology that can provide abundance of research on teenagers and adolescents' romantic relationships and its effects on Adolescents therefore it can be safely assumed that psychologists can help individuals during adolescence, when they come in touch with the real romance and love, concepts of dating, commitment, infatuation and long lasting intimacy, break-ups and sustenance of the romantic relationships. Psychologists can also motivate the individuals at such a crucial stage of their lives to solve their confusions, become self-aware, so that they can sustain their relationships and nurture the young love throughout their lives.

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Community and school-based programs by psychologists can succeed in helping youth develop skills for healthy relationships. Young people are very receptive to information about healthy relationships; in fact, research indicates that youth want to receive more information on relationships (Wood, Senn, Desmarais, Park, & Verberg, 2002).

Effective programs should typically work to:

- Change attitudes toward dating violence
- Explore the negative consequences of gender stereotypes
- Help youth build conflict management, negotiation, problem solving, and anger-control skills

Psychologists should also:

- Recognize the importance of peers in shaping adolescent attitudes; incorporate peer education (Wood et al., 2002; Wolfe & Feiring, 2000)
- Be sensitive to the individual experiences of youth, considering factors such as developmental level, culture, sexual orientation, and prior dating experience (Barber & Eccles, 2003; Centers for Disease Control, n.d.)

We cannot afford to overlook the importance of adolescence as a crucial time to teach skills for developing healthy relationships. Romantic relationships are at the center of teens' lives, providing formative experiences that can positively and negatively shape their long-term development. By teaching youth to recognize the characteristics of healthy relationships and helping them develop the communication and interpersonal skills needed to create healthy relationships, we can help ensure that they will have meaningful and fulfilling romantic relationships both in adolescence and into adulthood.

But most importantly, psychologist could perform the role of Lending ears to the teenagers who undergo problems in their romantic relationships. It is the prime concern of a psychologist to help teenagers overcome the after effects of traumatic break-ups, abuses during relationships. They only can help teenagers by understanding them and creating a favorable environment for them.

DISCUSSION AND CONCLUSION

Western thought has been long ambivalent about the role of emotion in human behavior. It has praised individuals to depict idealized deep feelings, using motifs like novels, televisions and films. And when it comes to Adolescent Romantic Relationships, the Western Society has been more open, accepting the indisputable role of romantic relationships in the emotional lives of adolescents.

India, on the other has only recently witnessed a rise in adolescent romantic relationships. This, by no means states that Romantic Relationships weren't a part of Indian culture two decades ago. What it means is the fact that these relationships weren't considered a norm or acceptable in the society two decades ago, but they are slowly getting prominent in the Indian society. Growing urbanization, changes in parenting techniques, modernization of the society are some of the

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reasons why such relationships are getting popular in Indian culture. Acceptability of these relationships is still low. And while parents have a knowledge about their kids' dating, they don't wish to acknowledge that.

In comparison to 1990s, where college students had remarkably little interaction with other sex (Verma, 1995), situations have now changed. At least 30 percent of adolescents claim to be in romantic relationships openly, while 75 percent of them answer in affirmative for relationships when asked discreetly.

It must be noted that popularity of adolescent romantic relationships has led to numerous research themes in India. Indian psychologists are now keener to observe how these relationships affect overall development of adolescents in the country.

The first, obvious effect is noticed on the 'studies' or educational performance. Comparative analysis suggest that those who have frequent romantic relationships (two or more by the age of 18 years) tend to perform lower in examinations, when compared to those that didn't. But the same studies also suggest that the effect may be temporary and that most adolescents restore their original scoring levels a few months after a relationship begins.

It's also notable that these relationships affect emotional, social and physical development of adolescents as well. In terms of physical, rise in hormones, development of sexual characteristics and acceptance of sexuality is noticed more often in adolescents who have encountered at least one romantic relationship. It is also observed that these relationships can help increase Emotional Quotient of adolescents, although it is more likely to be seen in adolescents who have sustained a relationship for at least a period of one year. Social withdrawal is often considered a negative aspect of romantic relationships during adolescence. But the researches concentrated in India have found no correlation between these factors, indicating that the levels of social activity are more or less irrespective of whether an adolescent is or isn't in a romantic relationship.

What's interesting to note here is the fact that not having a relationship can actually be distressing for the individual. During a survey of single adolescents, over 70 percent of them responded that they felt discrimination in their peer groups because they couldn't find a romantic partner. On the other hand, those with a relationship consider themselves as happier or more adjusted. Overall, romantic relationships during adolescence seem to have a lasting effect on emotional and social development. But that's just one sided opinion. Adolescents, who don't have a happy relationship tend to have emotional problems, may experience mood swings and have difficulties in adjustments.

While Romantic Relationships are now considered a norm and their effects are even vastly studied, the fact is that the perils of these relationships cannot be ignored. Indulging in sexual intercourse too early is one of those perils. Adolescents, particularly girls who indulge in sexual intercourse before the age of 18 years tend to feel misguided, cheated and depressed if left by their partner later on. At the same time, the Indian society isn't open to the concept of teenage

pregnancies, which is now becoming a rampant problem in metropolitan cities. Apart from these obvious negative effects, researchers have noted another peril of these relationships- which comes in the form of physical, sexual or mental abuse. At least 1 in 10 females in India is abused on regular basis during adolescence by their romantic partners (Singh, 2006) and a very small population leaves or files complaint against the abuse.

Therefore, awareness programs should be conducted in schools as well as colleges to spread information about romantic relationships, the difference between infatuation and 'love' and to help students with sexual education. Parents, even if they don't accept relationships should encourage their children to discuss their attractions in school or college and be open enough to accept the concept of opposite sex attraction to ensure that adolescents can openly confide if they suffer from abuse or trauma during these relationships. Last, but not the least, students must be told that relationships and sexual attraction is common and not 'abnormal,' which can help them accept their sexuality. Further studies are needed in this field to understand the effect of this rising phenomenon, to correlate it with changes in Indian culture and to evaluate the overall effect of adolescent romantic relationships on human psyche.

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Aggression to Empowerment: A Journey through Education

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ABSTRACT

Empowerment is a journey which goes through various phases and stages and leads to emancipation. Women empowerment is all about achieving and exercising one's own rights and freedom to make choices and live life on one's own term and its ultimate goal is to attain emancipation, to be able to empower others. Education is a medium which helps women rise above their situations and take control of their lives and it is also a channel through which empowerment can be spread and manifested among all. This paper will discuss the case studies of such women, who not only overcame their helplessness, fought their circumstances and used their aggression to empower themselves, carved their path, using the tool of education but also helped other women, by empowering them and helping them to make their own path. Methodology adopted here, to study lives of these women is Grounded Theory Methodology, qualitative approach to study the women and role education played to transform them from aggressive to empowered.

Keywords: *Aggression, Empowerment, Education*

Women Power in India is at its Peak today. Six of the key political positions are held by Women in our country. In the corporate world also, the flag of women Power is high and women Rule. The status of woman in India is sort of a Paradox. If on one hand she is at the peak of success, on the other hand she is lying at the end of social equality ladder, suffering silently.

A woman has been given the status of "Goddess" and is worshipped as "*Shakti*", without whom even '*Shiv*' is incomplete, the underlying emotion being, that even creator of universe is incomplete without his '*Shakti*'.

On the other hand a Quote in Manu Smriti states "*Na stree Swathantryam Ashati*" meaning, women is undeserving of independence. This quote is a reflection of feudal and double standards prevalent in our Indian society. The society, which worships women as Devi, does not hesitate to kill her, the men who take blessings of Devi, treat the women of household as their slaves or '*Dasi*'. The land of "*Jhansi ki rani*" and "*Razia Sultan*" is also the land of "*Sati*" and "*Dowry deaths*".

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The strong male chauvinism and patriarchy is woven intricately into fabric of our society, giving it deep shades of discrimination against women. Going by the nature's rule, women should be at the centre of Matriarchal society, but have been pushed to the peripheries of the artificial, Manmade Patriarchal society.

Every woman carries with in her ability and desire to be a nurturer. They have strong influence on families, communities and society. Every woman should be encouraged and challenged to live and experience her life fully and she should be expressive about her goals in life and should pursue them passionately and accomplish them. We do have examples of women who have pushed the boundaries and broken the shackles and stereotypes created by male dominated society, like Kiran Bedi , first IPS officer of India or Aung San Sui Ki, recipient of Nobel Prize for Peace, or "*Mukhtar Mai*" tribal Pakistani woman who rose from being victim of rape to "Messiah" of downtrodden girls. These women and others like them have reinforced that women are equal as men and are capable of achieving same heights as men, even more and deserve equal status as men. The fact that "women hold up half the sky" does not give them position of dignity, equity and equality, the world in which we live in, is characterized by deeply unequal sharing of burden of adversities between men and women. Sprawling inequalities persists in women's status, their access to education, financial resources, health care and opportunities.

Since ages women have been at the receiving end of violence. Violence is a coercive mechanism to assert ones will over another, in order to prove or feel a sense of power. The violence against women, be it any form, spring from the structure of patriarchy, defined broadly as a system of male dominance legitimated within the family and society through superior rights, authority and power. The process of subordination of women is achieved by devaluing women's contribution, while at the same time extracting a significant contribution from them, and also through a powerful ideology of rigidly assigned roles for women, which act as boundaries for all their actions.

Various efforts done by Government through Constitutional provisions, various legislative acts and schemes for the betterment of women, like Mahamaya, Swayam shakti, National Policy for the Empowerment of women, and efforts by human rights and women's activists have indeed brought awareness and sensitivity about women and their situation in our society. It has led to a movement where in women have found courage to come out and demand their rights and status in society. Women are showing their pains and wounds and are asking for their solutions. While some women are emerging as strong and confident, in control of their lives capable of raising their voices, majority are still suffering silently.

The dream of gender equality is miles away from reality, even today "*Mainstream*" remains very much "Male Stream".

Situation and plight of women made me sit up and look at the scenario closely. The gap between 'haves' & "have not" not only between men and women, but between empowered women and

subjugated women made me more curious about women's life and the factors that separates the two. I become restless to delve deeper into lives of women, to find out, what motivates some to revolt and demand their rights and some to quietly accept subjugation as their destiny and suffer silently

Discrimination and violence against them starts even before their birth and continues throughout their life, with its form and intensity changing. This subjugation and discrimination has resulted into built up of aggression in women.

Manifestations of Aggressions: Varied Expressions.

Years of subjugation and oppression have resulted into build up of aggression inside women, due to the various efforts done by Government and human rights and women activists, society has become aware and sensitized towards plight of women, the aggression pent up inside women has found identity and also empathetic eases and sensitive hearts. Women are no longer ashamed to accept and express their aggression. Their aggression has been accepted as a natural human tendency, it's no longer considered a trait unheard of for women, but how are they expressing their aggression?

Our society is already becoming increasingly violent day by day and to add to it, women, who were considered as gently sex, they are also coming out with their aggression ready to erupt like volcano making the situation volatile and serious.

I tried to find more about different expressions of women aggression. The expressions were varied spread over a continuum, on one end women were surrendering to the violence, and committing suicide on another staging protests and even committing crimes against women, like mother in law torturing, killing daughter-in-law.

I started pondering over these examples, what are the main causes of women aggression? How are these women utilizing their aggression? The most important aspect was what is the purpose of this aggression? Why are women getting aggressive? Looking at the destructive manifestations of aggression I wounded aloud- what are they doing with their aggression? Women are aggressive because of denial of rights and injustice done to them; they are getting more aggressive because they want this injustice to stop and equality to prevail, but by injuring and harming themselves and other, would they be able to achieve this?

The most intruding question was how have women taken to this oppression and subjugation inflicted upon them since ages? I started looking for answers, and didn't have to probe much or look far, as instances were in front of my eyes. Newspapers, television, magazines, entire media is full of stories of women revolting against injustice, raising their voices against atrocities done to them.

I also felt that the same powerlessness which causes aggression is also the reason for women empowerment. Empowered women and the non-empowered women both started their journey from the same point of subjugation and oppression but they took different routes and eventually reached different destinations. This difference started troubling me. I started thinking what causes one woman to accept defeat and another to fight it out? I started analyzing role of education in bringing transformation in lives of women, from being subjugated to being empowered, leading to emancipation.

I started thinking what causes one woman to accept defeat and another to fight it out? One woman uses her oppression to destroy herself where as another uses it as stepping stone to success? What motivates them to go on? They could have succumbed to atrocities and followed the same path, treaded by millions of women. What made them take the road less travelled? Did their aggression helped them in this, by motivating them? All these questions and more started haunting me. I started observing women and being person of education my attention went to the education aspect. What role education has played in their lives? Has Education been instrumental in transforming their aggression to empowerment? What role education has played in channelizing their aggression?

I become curious to know more about such aggressive empowered women to explicate and explicate and explore how they changed their lives, how they used their aggression to become empowered. At this point I felt the need to study their women very closely in their national context. So explore their minds and lives, I felt the need of a research method which can help me in delving into minds of women and to see and understand their perspectives and point of view.

QUALITATIVE APPROACH AND GROUNDED THEORY METHODOLOGY

To penetrate deep into lives of women and to understand issues. I selected Qualitative approach as it is subject oriented and can help me in bringing subjects perspective and views on surface. Qualitative approach is more 'humane' and is interested in people's lives. The methodology I reached upon is Grounded theory methodology (GTM). GTM seeks to construct theory about issues of importance in people's lives (Glaser, 1998; Strauss & Corbin, 1998). In this method, I have the freedom to conduct my study in subject's context and through conversations with them, issues of subjects interest will emerge out from their stories and incidents. This method lays emphasis on the dictum "All is data" and analyzes the data by constant comparison with each other. To sum it GTM believes that theory is grounded or embedded in data which emerges out once data is analyzed.

Thus this method is most appropriate for my study as I want to explicate what is hidden and embedded in aggressive and empowered women's lives and thoughts and my theory will be made out of that itself.

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This research is based on premise that issues about women aggression and empowerment are grounded in their experiences and life and it is also based on assumption that new issues and realities will be discovered through this study.

Since my study is based on women and is about women, conducted by me, a woman I would be able to relate, empathize and understand more about them. As weiler (1988) has pointed out that "it is essential for women researchers to initially establish their research, beginning from the recognition of their own oppression, they were subjected to as woman in men dominated society". I would be able to relate with subjects trauma and pain, as being a woman myself I have also suffered discrimination at some point or other.

My study have subject's experiences as starting point of research, the importance given to women's experiences and their views and perspectives will be most valued. To really understand their lives, it is essential to see their world from their eyes, more over since women have been often relegated to the private arena; their actions in everyday life define them.

This study is also focused on improving women's status and life therefore it is also based on "Commitment to Praxis", thus my study also takes the flavor of '*Feminist research*' done by the woman, on the women, for the benefit of women.

To penetrate deep into lives of women and to understand issues of their interest, I selected Qualitative approach as it is subject oriented, and Naturalistic Inquiry so as to study women in their natural, socio cultural context. To report the nuances and expressions, words and gestures of women and the meanings hidden in their silences and voices, I used exploratory case study mode.

CASE STUDIES

I selected seven aggressive empowered women symbolizing 'Strength', 'Passion', 'Courage', 'Determination', 'Daring', 'Compassion' and 'sincerity' and generated data using open ended interviews, conversations, participant observations. The life of these women has been an ever going, ever-growing journey, from state of helplessness to emancipation. It has been an awakening and enlightening process for the women, under study. Their Journey has been to the 'self', which has taken them inside themselves, to know their desires, wishes and to acknowledge themselves as competent woman. The journey has been also about 'self', to know about their strengths, their rights, status and their place in their social world and society at large. It has been a well rewarding journey, where in they have not travelled alone, but with their families, society and have tried to stretch their boundaries, reach beyond themselves and have not only empowered themselves but also those around them, achieving emancipation in return.

Their journey from aggression to empowerment started with awareness. Being aware of their position and their rights made them more sensitive about the disparity that existed between the two, which built up the aggression in them even more. Another reason was the awareness and

knowledge of their rights, which these women acquired. This enlightenment, that they also deserve equal status and rights, made them more aggressive. Understanding of their plight and deprivation made them raise their voices against injustice done to them and demand their rights as woman. Analysis of their circumstances gave them insight about their aggression and causes behind them. This in turn helped these women to look at their aggression objectively and rationally. Women aggression has relational context, various studies have proved, women are more likely to aggress in situation congruent to gender role orientation, such as family settings. In fact, strong evidence of women aggression have been found in intimate relationships and threat to a woman's self concept and self definition causes build up of aggression. Jack (1991, 1999) has suggested in her studies that most critical factors affecting aggression arousal and expression are in interpersonal context. Fehr and colleagues (1999) surmise that "women's greater propensity to be angered in close relationships, may reflect their greater motivation to achieve intimacy in these relationship, as well as their reported tendency to derive self esteem from close relationships."

A woman's world is her home where as a man has a larger context, in form of social world to prove his authority, therefore woman's self esteem and confidence is closely related to her partner and family, rejection, abuse and subjugation from them, leads her entering into "learned helplessness cycle", causing her to tolerate more and more abuse, suffering more at the hand of partner and family. These women under study, went through the same turmoil and trauma. In an attempt to prove themselves in their relationship, they became submissive, which led to getting trapped in "learned helplessness" cycle.

Women under study used their aggression as an instrument to attain empowerment, in personal, social and economic sphere and they did not stop at themselves, instead they reached to others and empowered other.

Education: Tool to achieve empowerment.

Journey of women from aggression to empowerment had been long and ranging from one continuum to another. Their education helped them to transform their aggression to empowerment, a closer look at their lives reveal that their situation has been similar to many women, who succumbed to oppression but what made these women stand apart was their education.

Whether their formal education or education acquired through informal and non formal means like, from Religious books or from people around them from mass media even from me during our conversations, spanning over a period of time. Their education guided them towards this transformation. It made them aware of their strengths and weaknesses, made them sensitive towards their situation problems, knowledge about their rights, understanding of the disparities made them work towards bridging the gap and bringing the change.

Education affected the route their aggression took which made all the difference. If they would have acted impulsively their aggression would have come out in hostile and reactive manner leading to destruction, but they chose the thoughtful action and utilized their aggression as an instrument to achieve their goals, the same aggression, which was aroused due to their unfavorable conditions become their tool to end the same unfavorable conditions. Instrumental aggression is like operant conditioning, where goal is important and is the reward. Instead of fighting violently these women made their situation favorable to gain advantage over their aggression and to improve their life, but they could do so only because of their education. Their education guided them towards this transformation. It made them aware of their strengths and weaknesses, made them sensitive towards their situation problems, knowledge about their rights, understanding of the disparities made them work towards bridging the gap and bringing the change. Their education gave them the ability to think logically, and rationally. Instead of wasting their energy, they utilized their aggressive energy purposely and systematically. After weighing pros and cons they took the actions and this wisdom and decision making ability could develop into them only because of their education. As these women said *"Education prepares for life"*.

Education not only gives the ability to think, acquire knowledge, gain understanding and apply to practical life, to improve life. Education also influences the 'Affective' state, concerned with emotions, which in turn help to acknowledge, accept and use emotion for benefit. Control of their emotions and thoughts and their channelization led to empowerment. The aggressive drive was used by these women as "Self Preservation" drive, as a defense mechanism to attain a free, equal status. Outcome of their aggression, when passed through the route controlled by education, was of "reappraisal", 'Conscious choice' and 'thoughtful action'. Women moved up in the need hierarchy as described by Maslow in his "Theory of self Actualization" there by achieving high self esteem, and striving for highest need of 'self actualization', it was their education which helped them push beyond physiological and safety needs. They satisfied these primary needs, came out of their self imposed doubts, boundaries and limits and reached out to achieve higher self esteem and strived for perfection and achieving their maximum potential, by helping others they touched the self actualization paradigm, attaining emancipation. Jack (1999) has rightly said that when women use their aggression consciously and constructively for their self protection and bringing aggression positively and constructively into relationship, it results into feeling of well being, self regard and empowerment.

All I can say is that transformation of aggression to empowerment has been possible because their journey passed through channel of education, bringing changes at Cognitive, Affective and Psychomotor levels.

Education gave the ability to think, acquire knowledge, gain understanding and apply to practical life, to improve life. These women came out of their self imposed doubts, boundaries and limits and reached out to achieve higher self esteem and strived for perfection and achieving their maximum potential, by helping others they touched the self actualization paradigm, attaining emancipation.

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Construction & Standardization of Anger Scale:

Validation with the help of EEG

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ABSTRACT

Anger is a natural emotion which involves a strong uncomfortable and emotional response to a perceived provocation. Mild anger motivates an individual to take appropriate action in many areas of life. When anger goes beyond an optimal level it not only causes physical harm and psychological harm but it also intrudes with achievement of higher level of consciousness. In order to measure and compare anger among individuals a need for construction of anger scale was realized. Therefore, the researcher tried to construct a scale which could measure anger among individuals. Items with low coefficient of correlation ($r = .14$ or less) were discarded and finally 30 items with $r = .15$ to $.67$ were retained in the final test. Thus, internal consistency of Anger Scale was established. Test Retest Reliability of the scale (with a time gap of 25 days) came out to be $.86$. For establishing criterion validity, scores on Anger Scale were correlated with scores of well being. High negative coefficient of correlation of anger scores with well being indicated that higher the anger lower is the level of well being among individuals. The coefficient of correlation was found to be $-.85$. Again criterion validity was supported by significant positive relationship between egotism and anger also. The coefficient of correlation was $.65$. It shows that as the egotism increases the level of anger increases and vice versa. Validity of anger scale was established with the help of scores on EEG. The mean alpha waves of higher anger group were found to decrease significantly when subjects' anger was experimentally aroused. On the other hand Mean EEG scores of low anger group as measured by the Anger Scale did not change significantly. Thus, the validity of anger scale was experimentally established.

Keywords: Construction, Standardization, Anger Scale, EEG

“Holding on Anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned”

Buddha

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Anger is a natural emotion that every human being and even non-human animals experience. Anger is defined in Webster's dictionary as "*a strong feeling of displeasure.*" Videbeck (2006) describes anger as a normal emotion that involves a strong uncomfortable and emotional response to a perceived provocation. Further it can be described as naturally occurring emotion within the repertoire of human experience. Mild forms of human anger may include displeasure, irritation or dislike. Anger arises in the mind-like when the Gunas—Rajas and Tamas predominate. It is Rajo-Guna Vritti. Some take it as a Tamo-Guna Vritti. It is a wave of unpleasant feeling that arises from the Antahkarana, when one gets displeased with another. It was Arjuna who asked Sri Krishna: "what impels man to commit sin, O Krishna, in spite of himself and driven as it were, by force?" The blessed Lord said: "*Kama esha krodha esha rojoguna-samudbhavah, Mahasano mahapapma vidhyena-miha vairinam. Dhumenavriyate vahniryathaadarso malena cha, Yathodbenavrito garbhah tatha tenedamavritam.*" It is desire, it is wrath, which, springs from passion. Know that it is our enemy here, a monster of greed and sin. As a flame is enveloped by smoke, as a mirror by dust, and as an unborn baby by the womb, so is this enveloped by that" (Gita: Ch. III-37&38). Then again says Sri Krishna: "*Trividham narakasyedam dwaram nasanamatmanah kamahkrodhastatha lobhastasma-detattrayam tyajet*". Three are the gateways of this hell leading to the ruin of the soul—lust, wrath and greed. Therefore let man renounce these three." Gita Ch. XVI-21. According to Frustration Aggression Hypothesis the objects of anger are perceived as a hindrance to the gratification of the desires of the angry person (Dollard, Miller, Doob, Mowrer & Sears, 1939). Alternatively if one thinks one is superior, the result is anger. Anger is considered to be packed with more evil power than desire (Satguru Bodhinatha Veylanswami). In the Bhagavad Gita Krishna regards greed, anger, and lust as signs of ignorance and leads to perpetual bondage. As for the agitations of the bickering mind, they are divided into two divisions. The first is called avirodha-prīti, or unrestricted attachment, and the other is called virodha-yukta-krodha, anger arising from frustration.

When individual reacts to frustration, criticism or a threat, individual may become angry and usually this is a healthy response. Anger may be a secondary response to feeling sad, lonely or frightened. When anger becomes a full-blown rage individual's judgment and thinking can become impaired and he/she is more likely to do and say unreasonable and irrational things. If anger is handled well it is an adaptive response to threats. Range of anger goes from mild annoyance to fury and rage. Mild anger motivates an individual to take appropriate action in many areas of life. In some cases, anger is also a strong inducement to protect oneself and loved ones when threatened. The views of Dalai Lama was reported in Urban Dharam News Shelter (2004) "anger is a destructive emotion and although anger might have some positive effects in terms of survival or moral outrage, I do not accept that anger of any kind as a virtuous emotion nor aggression as constructive behavior. Gautama Buddha has taught that there are three basic kleshas at the root of samsara (bondage, illusion) and the vicious cycle of rebirth. These are greed, hatred, and delusion — also translatable as attachment, anger, and ignorance. They bring us confusion and misery rather than peace, happiness, and fulfillment. It is in our own self-

interest to purify and transform them”. Anger arises from frustration over internal or external events.

There are various causes of anger such as frustration, disappointment, fear, threats to personal security, feeling of powerlessness, unfulfilled expectations, being hurt by others, harassment and rejection.

When anger goes beyond an optimal level it not only causes physical harm but psychological harm also. It can create a blood sugar imbalance; it can decrease bone density, suppress the body's immune response and make it susceptible to chronic inflammation; it can suppress thyroid function, slowing down the body's metabolism; it can impair the brain's thinking ability including memory and increase blood pressure (Card, 2010). In one study of 38 boys referred for their disruptive behavior, low cortisol boys showed three times more aggressive symptoms and were judged three times more often by their peers as being the most aggressive (McBurnett, 2001). The body increases production of cortisol, which has the effect of suppressing the immune system (Moons, Eisenberger & Taylor, 2010), and likewise there is an increase in Adrenaline levels (both cortisol and adrenaline can apparently adversely affect the cardiovascular system); thus frequently recurring or prolonged bouts of anger can result in potentially irrevocable overload and breakdown of various bodily systems. Heart disease has been linked with a competitive and anger prone personality (Mathhews, 1988, Williland, 1993). Under stress, anger prone Type ‘A’ people secrete more of stress hormones which suppresses disease fighting immune system (Cohen et al., 1993). Anger begets eight kinds of vices. All evil qualities and actions proceed from anger. If individual can eradicate anger, all bad qualities will die by themselves. The eight vices are; injustice, rashness, persecution, jealousy, taking possession of others’ property, killing, harsh words and cruelty.

DIMENSIONS OF ANGER

Anger can be divided into three dimensions (1) Physical Expression of Anger (2) Psychological Expression of Anger (3) Social expression of Anger. Physical anger is the one in which individual causes harm to him/her. One expresses anger by keeping oneself hungry or by disturbing own sleeps hours. When anger reaches at its peak it individual may cause physical anger to self. Psychological anger is the most common anger found in individual. It is expressed through irritation and disturbed peace of mind. In the psychological expression of anger individual often become sarcastic and argumentative. Anger interrupts the decision making ability and negatively affect speech at the time of anger. When anger negatively affects the social relationships and spoils the relationship with friends and family it is the social expression of anger. Anger can be expressed in any form physical, psychological or social expression.

It is important to make a distinction between anger and aggression. Anger is an acceptable and healthy emotion, but aggression is not an acceptable method of expressing one’s anger. Anger is not intended to cause harm but the motive of aggression is to cause harm and hurt the others.

Anger is a feeling and aggression is an action. The expression of anger is acceptable but when the anger takes form of aggression it is not acceptable in the society and even not in family.

NEED FOR SCALE

As it has been already discussed that anger is a natural emotion. When anger goes beyond an optimal level it would harm individual not only physically but psychologically also. In order to measure and compare anger among individuals a need for anger scale was realized. After reviewing the literature and available scale it was found that in Indian culture, no test was available to measure anger which could fulfill the condition of the present study. Therefore, the researcher tried to construct the scale which could measure anger among individual.

OBJECTIVE OF THE STUDY

To construct and standardize a scale for measuring ‘anger’.

Operational Definition of Anger

Anger is a feeling of tension and hostility, usually caused by anxiety aroused by a perceived threat to one's self, possessions, rights, or values.

Steps in the Construction of the Scale

Before selecting the items a rough draft of items was prepared according to dimensions of the anger such as (i) Psychological expression of anger, (ii) Physical expression of anger, (iii) Social expression of anger. Items related to all the dimensions were included in the rough draft.

Items Selection

The items were skillfully written in order to cover all the aspects of anger. Books and journals were consulted to prepare the items. Items were written by the investigator herself. Initially 40 items were prepared in Hindi.

First Draft

This was the crucial phase of test drafting as most of the editing work was done in this stage. Major changes were concerned with the modification of the language of the statements. There were few items which were not found suitable according to the demand of the scale were excluded from the first draft. Instructions were written for the testees,

“Below is a list of statements dealing with the general feelings. Please tick mark (✓) the box, in front of the statement, which most closely represents your feelings.”

The most crucial task was the formation of scoring key. Scoring key was prepared on the basis of three point scale which ranged from ‘most of the time’ to ‘rarely’. 2 score was given to ‘the most of the time’ 1 point was given to ‘sometimes’ and 0 was given to if the testee answer it as ‘rarely’. Five statements were removed in the first draft because there was repetition in those items.

ITEM ANALYSIS

Items analysis was done. Item No. 12, 16, 27, 31, 33 was found to have low coefficient of correlation with the total test scores. So these five items were removed. Thus, final draft included only 30 items.

Final Draft

In the preparation of final draft, again thorough study was done and experts' advises were incorporated. Language modification was done in 2 items. Five items were removed because their coefficient of correlation was found to be very low. Thus, final draft included only 30 items, among them 7 were related to physical expression of anger, 13 were related to psychological expression of anger and 10 were related to social expression of anger.

Internal Consistency

Table No.- 1

Item	Coefficient of Correlation	Item	Coefficient of Correlation
Item 1	0.57	Item 17	0.61
Item 2	0.25	Item 18	0.38
Item 3	0.36	Item 19	0.49
Item 4	0.15	Item 20	0.25
Item 5	0.15	Item 21	0.41
Item 6	0.42	Item 22	0.66
Item 9	0.52	Item 23	0.34
Item 10	0.19	Item 24	0.22
Item 11	0.33	Item 25	0.56
Item 12	0.36	Item 26	0.42
Item 13	0.31	Item 27	0.64
Item 14	0.67	Item 28	0.59
Item 15	0.22	Item 29	0.41
Item 16	0.32	Item 30	0.47

RELIABILITY

(a) Item analysis was done to establish internal consistency of Anger Scale. Items with low coefficient of correlation ($r = .14$ or less) with the total test scores were discarded and finally 30 items with $r = .15$ to $.67$ were retained in the final test.

(b) Test Retest Reliability of the scale (with a time gap of 25 days) came out to be $.86$.

VALIDITY

(a) High negative coefficient of correlation of anger scores with well being indicated that higher anger leads to lower level of well being among individuals. The coefficient of correlation was found $-.85$. It shows the construct validity of the scale.

(b) Construct validity was indicated by significant positive relationship between egotism and

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anger also. The coefficient of correlation was .65. It shows that as the egotism increases the level of anger would also increase and vice versa.

(c) Validity of anger scale was established with the help of scores on EEG. The mean alpha wave of higher anger group was found to decrease significantly when subjects' anger was experimentally aroused. On the other hand Mean EEG scores of low anger group as measured by the Anger Scale did not change significantly. Thus, the validity of anger scale was experimentally established.

NORMS

Scores on psychological tests are most commonly interpreted by reference to norms which represent the test performance of the standardized sample. The researcher took a sample of 62 subjects from Agra. The norms of this test are established on the basis of mean and SD as well as median and quartile deviation as cut points. Thus, the scale scores are divided into four parts. Higher the score on the scale more would be the anger level. Lower the score lower will be anger level. In this manner, on the basis of median and quartile deviation along with mean and SD, the Anger scale determines the level of anger among individual (shown in Table 2).

TABLE- 2: Means, Standard Deviations, Q1, Q2 and Q3 for Anger Scale

S. No	Sample	Scores	Interpretation of scores
1.	Above Q3	Above 29	Extremely High Anger
2.	Q2 (Mdn) to Q3	24-29	Above Average
3.	Median	23	Average
4.	Q1 to Below Median	10-22	Low Anger
5.	Below Q1	Below 10	Extremely Low Anger

Interpretation of Scores

It can be said on the basis of the research of the investigator that higher scores on anger scale shows the higher anger among individual. If subject's score is above 29 then it means that subject has extremely high anger. If score is within 24-29, it shows anger level is above average. If subject's score is 23 it shows the average level of anger. If subject scores within 10-22, it means that the anger level is low and score below than 10 suggests the extremely low anger level.

Implications of Anger Scale

During college life there are many social as well as psychological changes one experiences and these changes result in frustration and aggression. This scale can be used to assess the anger level among College students. From clinical point of view, after assessing anger with this constructed

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scale one may be guided to reduce or control the anger level. In organization, this scale can be administered on employees to assess their anger level, it will give a direction to authority to control the temper of employees.

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Content Validity and Reliability of the 13-Item Sense of Coherence Scale among 13-15 Year Old School Children in Chennai City

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ABSTRACT

Objective: To assess the content validity and reliability of the 13-item Sense of Coherence (SOC) scale among 13-15 year old school children in Chennai city. **Participants:** A total of 258, 13 – 15 year old ethnic Dravidian students from two randomly selected schools within Chennai city, present on both days of the study were included. **Study design:** A cross sectional study. **Method:** The 13-item Sense of Coherence questionnaire was translated to the vernacular, back translated and subjected to expert opinion to check its validity. The 13-item SOC questionnaire was used to assess the Sense of Coherence of the selected school students. The questionnaire was re-administered after one week to measure Internal consistency reliability and Infraclass correlation co-efficient. **Results:** The Internal consistency reliability checked using Cronbach α was found to be 0.784. The intra class correlation co-efficient was 0.7 and remained the same with an item deleted. **Conclusion:** Our results suggest that the 13 item SOC questionnaire is a valid and reliable epidemiological tool among an adolescent Dravidian population in Chennai city. Further studies are recommended to assess the stability of SOC concept over a period of time.

Keywords: Sense of Coherence, Reliability, Content Validity, Children

The proverb, “He who has health has hope, he who has hope has everything” enunciates the importance of health in the life of an individual. Health – the fundamental right of human beings, over the decades has evolved from individual perspective to global well being. The concept of health is no more perceived from a biomedical point of view but is considered as a holistic model adapting to the changes and influences of the social, cultural, economical, environmental and political arena (Park K., 2009).

Twenty first century public health research has focused extensively on social determinants of health. Various theoretical models stressing the social context and its interaction with biological

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and psychological factors have emerged (Freire et al., 2001). One of the most accepted theoretical model that has been propounded is the Salutogenic theory.

The theory of Salutogenesis (Aaron Antonovsky, 1987) elucidated the distinct factors that aid in the promotion of health as against the factors that modified or attempted to prevent specific disease. Salutogenic model is based on two concepts: General Resistance Resources (GRR) and Sense of Coherence (SOC). General Resistance Resources concentrates on factors like social support, material resources, coping strategies and family socialization that neutralize the effects of stressful life events and promote successful tension management. Sense of Coherence, the central construct of the Salutogenic model, states that in order to promote well being, it is important for people to focus on their resources and capacity, rather than on their disease (Bonanato et al., 2009). Aaron Antonovsky postulated that people with higher SOC are able to utilize the available resistant resources from their surrounding and maintain health inspire of stressful situations.

The three components of SOC are: Comprehensibility – the ability of people to understand what is happening around them; Manageability – the extent to which they feel capable of managing the situation and Meaningfulness – the ability to find meaning in the situation (Lindstrom and Eriksson 2005).

A 29 item and 13 item Sense of Coherence questionnaire (SOC) was developed after profound interview with 51 people who recuperated remarkably after having experienced severe trauma due to inevitable consequences of health conditions (Aaron Antonovsky, 1987). The structure and properties of both the 29 item and 13 item SOC scale were validated in 1993 (Aaron Antonovsky, 1993).

Many studies have been carried out in the past to outline the influence of Sense of Coherence on general health, oral health and oral health related behavior (Ayo-Yusuf et al., 2008, Baker et al., 2010, Gururatna et al., 2014). A study conducted to assess the relationship between Sense of Coherence and dental attendance pattern reported that subjects with weak SOC were likely to visit the dentist only in the event of problem than those with stronger SOC (Freire et al., 2002). This revealed that SOC had a direct influence on oral health.

The 13 item SOC scale has been successfully used in 33 countries in 32 languages of various cultural backgrounds, including few Indian Languages (Khatri et al., 2014). Since the availability of a questionnaire in local language is a requisite for epidemiological research (Castro et al., 2008), this study attempts to check the content validity and reliability of the 13 item SOC scale among an ethnic Dravidian population of South India.

MATERIAL AND METHODS:

A cross sectional study was undertaken to assess the content validity and reliability of the 13 item Sense of Coherence scale among an ethnic Dravidian population of a South Indian State.

Ethical clearance to conduct the present study was obtained from the Institutional Review Board, Ragas Dental College and Hospital, Uthandi. From a total number of 15 zones under city limits as classified by the Corporation of Chennai, two zones (zone No.1 and zone No.9) were selected randomly for the present study. List of schools in the selected two zones were sourced from the Directorate of school education, Chennai. For the present study, only higher secondary and senior secondary schools offering both English and Tamil as the medium of instruction were selected. Out of 25 schools in zone 1, a senior secondary school (school one) and one higher secondary school (school two) out of 62 schools in zone 9 were selected. Permission to conduct the study involving the school students were obtained from the school authorities.

A total of 270 students, 146 from school one and 124 from school two were chosen as the study population. Students of 13 – 15 years, who consented to participate and those present on both days of the study were included in the study. School records were verified to identify children of ethnic Dravidian background and those who belonged to this group were selected.

Tamil is the vernacular of Tamilnadu. Hence, the 13 item SOC scale was translated to the vernacular. The validity was checked by back translation method, involving blind retranslation into English. The validity of translation was verified by experts in both languages.

Data was collected through a self- administered 13-item SOC questionnaire which was distributed to the students during their school hours. Filled questionnaires were collected after 20-25 minutes and were checked for completeness. The questionnaire consisted of 13 questions, to be answered on a seven-point Likert scale, with five questions on comprehensibility, four on meaningfulness and four on manageability.

On day one, both the Tamil and English version of the questionnaire was administered to two hundred and seventy students who were present and their responses (T1) were collected. After a week, the questionnaire was re-administered to check the test-retest reliability. Students were advised to adhere to the procedure that was followed earlier when the questionnaire was administered for the first time. Two hundred and fifty eight responses (T2) were received – 138 from school one and 120 from school two. Twelve students were absent on day two and they were excluded from the study.

Assessment of intra class correlation co-efficient and internal consistency reliability was carried out to re-establish the psychometric properties of the 13 item SOC scale. Responses of T1 and T2 were collated and subjected to statistical analysis using SPSS 20.0 (Statistical Package for the Social Sciences for Windows; SPSS Inc., Chicago, IL, USA). The Internal consistency

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reliability was tested using Standardized Cronbach α co-efficient. Item – total statistics was calculated to check correlation between the questions and to check Cronbach α value when an item was deleted.

RESULTS:

The English version of the 13 item SOC scale was translated to Tamil back translated to English and was found to match with original English version. The content validity was checked by subject experts and was acceptable.

Table 1 shows the distribution of Cronbach α co-efficient for each question and ranged between 0.4 to 0.8. The overall intra class correlation co-efficient was 0.784 between T1 and T2.

Question number 2, 10 and 11 reported a slightly lower Cronbach α value in the range of 0.4. Meanwhile, question number 4 and 7 reported a higher value of 0.8 and 0.7 respectively. The values of the other questions ranged between 0.5 – 0.6.

The Cronbach α for the individual components of SOC, Comprehensibility, Manageability and Meaningfulness was 0.642, 0.658 and 0.548 respectively.

Table 2 shows the distribution of corrected – item total correlation value, which ranged between 0.1-0.5. The overall Cronbach α value remained 0.7 showing that the reliability of the questionnaire was not much affected when any item was deleted among this population.

DISCUSSION:

The purpose of this study was to translate the English version of the 13 item SOC scale to Tamil and check its reliability among 13-15 year old school children in Chennai city.

The Cronbach α value of the 13-item SOC scale ranged between 0.70-0.92 and was found to be equally valid and reliable like the 29- item SOC, with a Cronbach α value between 0.70-0.95(Lindstrom and Ericksson., 2005). Since the 29-item scale demanded longer time duration, the 13-item scale was recommended.

In the present study, the translated version of the 13-item SOC scale was back translated to English and was found to match the original version. Further, the questionnaire was re-administered after one week in order to ensure that the time interval was neither too short nor too long. To check the reliability of a questionnaire the interim period between the days of the administration of the questionnaire is important. If it is too short, memory skills will influence the response and yield confounding results. In case of longer time interval, the attribute being examined might get changed and low correlation may indicate this change rather than poor reliability (Lawshe 1975).

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Aaron Antonvosky stated that the concept of Sense of Coherence is in its developmental stage among adolescents. Dental health education has a small positive effect on oral health status (Kay EJ and Locker D). This necessitated researchers to identify psychosocial predictors of oral health (Baker et al., 2014). Ayo – Yusuf et al conducted studies among adolescents using 13 item SOC scale and found that their SOC scores had a direct influence on their oral health and oral health related behavior. Gururatna et al., (2014) reported that SOC had an influence on oral health and suggested that interventions designed to promote SOC may present an opportunity to enhance children's experience of oral health.

An interventional study among 10 – 11 year old school children in Thailand proved that improving the SOC of children in turn resulted in improved oral health status (Nammotri et al, 2013). Ayo- Yusuf studied the longitudinal association between SOC and tooth brushing among adolescents, using an integrated behavior therapy model. It was reported that this approach promotes better oral health. Results from the above mentioned studies delineate that; SOC can be used as a positive predictor for oral health among adolescents. Further, the 13 item SOC scale which was originally developed for adults can also be used for children of 12 years of age (Honkinen et al, 2006).

These advantages of the 13 item SOC scale necessitated the need for the development of a 13 item SOC scale in the local vernacular and to check its reliability among 13-15 year old school children in Chennai city so as to enable further studies in this field.

To the best of our knowledge, this was the first study that has attempted to check the internal and test retest reliability of the 13 item SOC scale among an ethnic Dravidian population of south India.

Various difficulties were reported in completing the questionnaire. Lee and Colleagues found that Japanese respondents reported difficulty with filling in the scale. The Chinese were reported to skip questions (Lindstrom and Eriksson. 2005). However in the present study, participants were comfortable filling in their responses on a seven-point Likert scale and no questions were skipped. In general, the participants found it difficult to understand question number two (Has it happened in the past that you were surprised by the behavior of people who you thought you knew well), question number 10 (Many people – even those with a strong character sometimes feel like sad sacks. How often have you felt this way in the past?) and question number 11 in the 13 item SOC scale.

In a systematic review regarding the validity and reliability of the SOC scale, the Cronbach α ranged from 0.70 to 0.92(Lindstrom and Eriksson 2005). Our study reported a Cronbach α value of 0.784 which is acceptable. Though the participants found difficulty in answering question

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number 2, 10 and 11 of the 13 item SOC scale, the Cronbach α value remained 0.7 even with these items deleted.

The limitation of this study was that the results obtained from this study cannot be generalized to the adult population and no attempt was made to assess whether the intelligent quotient (IQ) of students influenced their ability to complete the questionnaire. More research is required to eliminate these limitations and to find whether there exists an association between SOC scale and gender among various populations.

CONCLUSION:

Our study revealed that the 13-item SOC scale is a valid and reliable tool to measure Sense of Coherence among an adolescent Dravidian population in Chennai city. Further studies are needed to assess the stability of SOC concept over a period of time.

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Table 1. Distribution of Cronbach α value for each question in the 13-item SOC scale

QUESTION NO	CRONBACH VALUE	α MEAN (S.D)
1	.67	10.37(2.47)
2	.41	7.56(2.69)
3	.68	7.81(3.21)
4	.80	11.53(2.74)
5	.64	9.54(3.00)
6	.54	8.62(2.88)
7	.71	9.56(2.82)
8	.53	7.65(2.85)
9	.56	7.86(2.92)
10	.48	8.47(2.56)
11	.43	10.63(2.39)
12	.56	10.44(2.84)
13	.58	9.85(2.67)
Intra class correlation coefficient	.784	119.89(17.14)

Content Validity and Reliability of the 13-Item Sense of Coherence Scale among 13-15 Year Old School Children in Chennai City

Table 2: Distribution of Item Total Statistics

Question no:	Corrected item total correlation	Cronbach's alpha if item deleted
1	.112	.697
2	.269	.679
3	.286	.677
4	.201	.687
5	.409	.658
6	.312	.673
7	.272	.678
8	.456	.651
9	.449	.652
10	.381	.663
11	.276	.678
12	.295	.675
13	.336	.670

Cross Cultural Variations in Adult Female Perceived and Ideal Body Image

Kalpana Raman¹

ABSTRACT

Body image is a growing concerns in the mass especially in the young adults females who are witnessing several secondary changes and are striving to establish and sustain their own identity. Dissatisfaction with physical body and striving for betterment has been found to be partly nurtured by our social, cultural norms and traditions as well as the publicization by media. There has been many researchers conducted in this realm. But, the cross cultural variations between India and the USA within the young adults females exploring the role of ethnicity, religion, media, society etc has been less explored. Hence, the aim of the present review was to investigate the effect of various sources in the nurturance of perceived and ideal body image in the young adults' females of India and the USA. Overall, it has been found that there has been dearth of research findings especially in the population selected in this study and that interplay of factors accounting to the discrepancy between perceived and ideal self body image.

Keywords: *Body Image, Cross Cultural, Media.*

Body Image involves self perceptions and feelings about our own body (Hsu & Sobkiewicz's, 1991). The concept of body image is used in numerous disciplines such as social sciences, cultural studies etc., but there is no agreed definition for the term. This is the reason why Fisher (1990, as cited in Bergeron and Senn, 1998) commented that there was no such entity as body image and even the definitions proposed to explain body image were inconsistent and not unitary. The perceived self as well as the ideal self shape an individual's notion of body image. They determine whether an individual is satisfied or dissatisfied with their own physique. There has been a significant increase in the body of literature available regarding the psychology of body image. Thomas Cash (2004) notes that there was a remarkable increase in the citations and research on body image and body (dis)satisfaction in the PsychInfo database from 726 in the 1970's to 2,477 in the 1990's, and then as a final point a journal named Body Image: an "International Journal of Research" was launched in 2004. This increase in literature indicates the relevance of reviewing this broad area by fragmenting it into specific themes and understanding relations between these themes in varied populations.

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Body image is an issue in all developmental stages because human beings are constantly evolving physically, cognitively, emotionally and socially. We are learning every day, and are functioning towards conforming to the social norms etc. - even at an intrinsic level. Factors such as self-perception, social culture, folklores, tradition, family, peer group etc., shape our personality pattern, attitudes, and perceptions about the self and about the self in relation to others and the world which, indeed, shapes our view of body image as a whole. Among the diverse population (different societies), women have always been specifically targeted to conform to the ideal notion of being called attractive. Charles and Kerr (1986, p. 49) commented that “[...]Women are constantly trying to reduce, or increase, their body size so that it will conform to the ideal, abnormally slim conception of female beauty which dominates our culture.” Most research has found that there is no change with age in terms of body satisfaction in women. Over the course of the years 1994-1996, Charles & Kerr (1996) interviewed women aged between 16 and 63 and concluded that there was no difference with age as they all represented similar levels of body dissatisfaction. The major areas of concern (problem areas) for all the women across this age span were the stomach, the hips, and the thighs.

Body Dissatisfaction and having specific preferences for body type (plump or thin) is of particular concern to young people (youth/young adults). Research shows that a negative body image can affect self-esteem and general well-being, inhibit participation in social activities and lead to serious health issues such as depression and social isolation (Australian Government Youth Website, 2010). As a consequence, the Australian government started a new website (youth.gov.au) in which a forum is provided for discussion and motivating young individuals to have a positive body image. Latest developments in the area of body dissatisfaction suggest that women are more dissatisfied with their bodies than men. “It is estimated that 8 million people in the US suffer from an eating disorder out of which 90% are women/girls. And 8 out of every 10 women are not happy with their reflection” (Katz, 2005). Many researchers showed that the majority of human diet at least once in a lifetime to conform to the standards of ideal image. Garner (1997) highlighted that 56% of the women and about 43% of the men who responded to their survey were dissatisfied with their overall appearance and 89% of the women were keen to lose weight.

The above facts illustrate that the major emphasis of the notion ‘body image’ is on the size and the shape of the individuals rather than facial attractiveness. This is one of the reasons to why facial attractiveness has been excluded from the present review. It is usually projected that people who do not conform to the ideals set by society are subjected to stereotypes and prejudice. Starting from childhood, humans are conditioned by their family, peer groups, and the media to be physically attractive. Hence, it is commonly seen that young children do not tend to play with children who are obese and, if they do, they label them with absurd names. These names will be related to a negative body image and can potentially put the obese child in a state of depression and anxiety and cause them to pursue the ideal body image. As mentioned earlier, social acceptance is also confined within the spaces of positive and ideal body. Furthermore, the stereotypes and prejudices continue into adulthood as well, where overweight people are rated to

be less active or lazy as compared to slim individuals. Research shows that culture is also an important factor to be considered to explain body dissatisfaction and ideal body preference. *“People who are overweight are likely to find more difficulty in renting property, being accepted by “good” US colleges and getting jobs than their slimmer peers”* (Cash, 1990, pp. 10). The above mentioned studies show that body type preference is reinforced by the factors of shape and size of an individual in a particular culture.

Before further explaining the relevance of the review, it is necessary to outline the concept of “culture” because it is a very broad term and includes various factors such as traditions, customs, rituals, media, food and dietary habits, norms and folklores etc. In order to progress with the literature review related to cross cultural variation, there is a need to specify which factors would be included and excluded from the review and the rationale behind sorting the factors. The Oxford English Dictionary defines culture as the ideas, customs, and social behaviour of a particular group of people or society. From this meaning it can be understood that the term culture includes shared ideologies, customs and traditions which shape an individual, society, and a particular country. This review will be directed by the above mentioned definition of culture to compare between India and the USA. Within this broad definition of culture, we can define the factors that would be considered to show the cross-cultural variation between ideologies in India and in the USA.

Firstly, India and the USA are large countries with populations totaling many billions each. The present review tries to point out the differences between the preferred and the perceived body sizes and shapes in the respective young female adult populations of India and the USA. Both countries have a diverse culture and eating choices which makes it impossible to consider the entire variety and, hence, I will only be focusing on the group of Asian American adult females in the USA.

In 2010, the United States Census suggested that Asian Americans account for at least 5.6% of the total US-population and that they have a different culture from other ethnic groups living in the US. In the present review, I will be tracing the cultural journey from the North of India to the South as well as from the East of India to its West as India is a diverse country with multiple ethnic groups categorized according to their geographical nature. In the present review, the term culture will include three factors: (a) eating disorders in relation to eating choices, (b) the impact of the media in creating awareness and internalization of ideal body images, and (c) the set societal standards in relation to being called attractive. Therefore, the three major themes of the review will be eating choices and eating disorders, media influence, and sociocultural norms.

The rationale behind choosing these particular factors within the broad term of culture is because these three factors illustrate the major role of culture in explaining a perceived body image and creating an ideal body image. A report from 2007 by the American Psychological Association found that a culture-wide sexualisation of women was contributing to increased

female anxiety associated with body image. Similar findings were found by an Australian government Senate Standing Committee report (2008) on the sexualisation of children in the media. This shows that media play an important role in creating an idealistic body image for young females. Similarly, two other factors, i.e., sociocultural norms and eating choices, influence the notion of body image in both countries as well. The three factors mentioned above can be interlinked because an individual's eating choices are based on the kind of society she live in and how the media impact in that particular society. Every adult woman is striving to look attractive due to various reasons such as personal satisfaction, family, peer or social pressure. The media and society play integral roles in creating an individual's self-image- whether it is positive or negative. The variables such as socio-economic status (SES), type of media (print, social or electronic) etc., will not be excluded but will be carefully evaluated in terms of the eating choices, influence of media and social norms on the overall preference of body in young adult females in India and in Asian-American females in the USA.

OBJECTIVE

The objective of this review is to critically analyse and evaluate the literature examining the impact of cultural factors such as eating choices, the media, and sociocultural norms in relation to Body Image disturbances (Body Dissatisfaction at a global level) as well as the ideal body image across India and the USA (Asian-American subculture). In order to do this, a literature review on size and shape preferences and on the impact of culture on internalization of acceptable body preferences in young adult females is conducted in two cultural groups: India and the USA.

Eating Choices: Role of geography, religion, and ethnicity

Dietary requirements and food habits are culturally determined in India. Indian eating habits are influenced by geography, religion, and climate variations. For example, in terms of geography, coastal population in the South and in East India prefers fish and coconut whereas the population in the dessert areas (West India) prefers lentils and preserves to compensate for the unavailability of fresh vegetables (Ketha, 2003). Furthermore, people from North India prefer wheat as the staple food. As per Hindu mythology, Hindus promote vegetarianism and do not take in any meat products as they attach sacred meanings to animals. However, in other religions such as Catholicism, people do not refrain from eating meat products because of any religious bindings. If the eating choices of Americans are evaluated, it could be inferred that they do not have a typical single cuisine signifying the diversity in culture and ethnic groups. The multiple ethnic groups in the USA are classified according to their geographic immigration (e.g., Asian Americans include populations from India and South Asia; as defined by US Census Bureau). Researchers from Stanford and UC Berkeley (as cited in Kulkarni, 2004) explored the eating choices made by Asian-American and white college students when put in conditions that threaten their American identity. They concluded that Asian Americans made poor choices to secure the American identity by preferring more unhealthy food. The most unique and typical American food is junk and fast food type, coupled with soft drinks. This has negative effects on health such

as obesity, heart disease etc. From the study of Asian Americans it can be deduced that over-identification with western norms and values might be a reason for increased eating pathology (Furnham & Alibhai, 1983).

Obesity rates in India are very low (at about 0.5%), and weight-related diseases are generally very low due to the nutritional levels below the recommended levels by WHO. One of the reasons behind low nutritional levels could possibly be that the majority of the population in India lives in slum areas and have a low socio economic status (SES) and, at times, they are even falling below the poverty line. However, when reviewing the studies in the USA it can be seen that obesity and eating disorders are currently important issues of concern. Recent data reported in the medical journal 'Lancet' showed that the BMI is higher in America compared to other nations. This illustrates the need to carefully evaluate the emergence of eating disorders as a result of different or poor eating habits. "The prevalence of Eating Disorders in USA is most common in females 15-24. In a world where "thin is in" and in which the media portrays emaciation as beauty, young woman tend to be first to fall to disordered eating and negative body image" (Lenza, 2011, p.3). However, there is little research focusing on the relationship between eating choices and body image. Food habits, attitudes and social pressure can significantly impact eating choices. Bad eating habits are not just individual choices, they often reflect social pressures stemming from parental concern, peer pressure and/or the media. Research suggests that the female adult populations (18-30 year old) in Western societies are concerned about apt food choices in order to fit into an ideal image (Chambers et al., 2008, as cited in Lenza, 2011).

Traditionally, non-Western societies never valued thinness but valued plumpness instead (Afifi-Soweid et al., 2002 as cited in Soh et al, 2006). Traditional Indian, Chinese, and Arabic cultures are few examples to support the above statement related to feminine beauty (Khandelwal, Sharan, & Saxena, 1995). The preference for plumpness was thought to protect against eating disorders in such communities. In contrast, Denniston et al. (1991) confirmed that the majority of females at college in the East Coast undergraduate institution reported dissatisfaction related to their body. This feeling of discontent was also significantly negatively correlated to an eating attitudes test (EAT) suggesting that as body dissatisfaction increased, feelings towards eating attitudes decreased. This study shows the relation between body image and eating attitudes in young adult female population in the USA.

Much of the research into eating choices/pathology and body image disturbance in ethnic minority groups has been conducted on the African-American group (e.g., Crago, Shisslak, & Estes, 1996); Wildes et al., 2001 as cited in Soh, Touyz and Surgenor, (2011). In comparison to that, relatively little work has been done on non-Western populations. This shows that there is a lack of evidence for reinstating the statements with respect to Indian populations.

The Impact of Socio Cultural norms

In a society promoting an “ideal slim body image” it is no surprise that women are striving to look more attractive and to keep up with the pace of the latest trends, and that they constantly change their notion of body image because the society is evolving. A large proportion of the literatures suggest that Western societies, compared to non-Western societies, have always preferred a slim body type. However, the mode of achieving it has slightly changed from dieting to promoting regular exercises. This is a typical example for the notion still being but that the trends for achieving them have changed within the society. The continuous awareness to have an ideal body image have put women in a state of depression and recent research supports this. Current research by Carpenter, Hasin, Allison, and Faith (2000, as cited in Hamilton, 2008) indicates that more women are struggling with their views of their body image, and have found a link between low body esteem and higher incidents of depression. Internalisation of socio cultural norms has been implied to promote an environment of body dissatisfaction in women but very little literature evidence exists that can support it.

McKinley and Hyde (1996, p.183) propose that women “internalize cultural body standards so that the standards appear to originate from the self and believe that achieving these standards is possible even in the face of considerable evidence to the contrary.” This illustrates the obsession to meet the standards set by individual society’s for women to be deemed attractive. It has been proposed that “the typically smaller size of Asian women places them at the increased risk for feelings of overweight and body dissatisfaction” (Hall, 1995 as cited in Wildes and Emery, 2001, p.540). In India, the trend in preference for the female body has been fluctuating due to the way they are portrayed in the media and changes in the society. Traditionally, voluptuous curved figures were preferred over thin angular look until a few years back. Currently, due to a trend reversal in theatres and films, society now prefers females to have a plump body with a curvier figure again.

SES has been negatively related to eating pathology in America as well. Stunkard and colleagues illustrated this by conducting a survey in a population of overweight American women population (see also Moore et al., 1962; Goldblatt et al., 1965, as cited in Furnham and Alibhai, 1983, p. 829). The investigation revealed that “30% of women of lower socio-economic status were obese compared with 16% of women of middle status, and no more than 5% in the upper socio-economic group.” This shows that SES-levels are highly related to body image accounting for the assumption that the upper SES-group has lower incidents of obesity because of ready availability of healthy food, access to fitness clubs etc. Comparing Western society (American) with a non-Western developing society (India), the research suggests that “[...] there is a direct positive correlation between body weight and socio-economic status” (Powers, 1980, as cited in Furnham & Alibhai, 1983, p. 830). In fact, “studies among adults in India (Mayer, 1955), Latin America and Puerto Rico (West, 1974), American Indians (Garb et al., 1975), and children in South China (Chang et al., 1963) and the Philippines (Stunkard, 1977) have demonstrated that an increasing standard of living is associated with an increasing mean body weight” (as cited in

Furnham and Alibhai, 1983, p.830). The rate of Bulimic disorders is low in North Indian population as suggested by Bhugra, Bhui and Gupta (2000) because the expectations of female are still guided by their immediate family and society. "One's perception of oneself is very much a matter of cultural conditioning, demands, and social pressures in India." (Agrawal, 1978, p. 116).

All of the above-mentioned studies are suggestive of a relationship between SES, culture, and body image in some way or the other. However, some reviewers argue that reported differences in body image in various cultures and ethnic groups are merely due to underrepresented definition of eating disorders in those cultures. Mumford (1993, as cited in Wildes and Emery, 2001, p. 523) stated that "[...] caution against concluding that a cultural emphasis on slimness and dieting, found predominantly in Western societies, is necessary for the development of eating pathology." Similarly, King (1993) suggested that the differences in diagnosing and recognizing an eating pathology might be due to biases in Western diagnostic criteria as the DSM do not take into account the cultural and religious aspect when listing the criteria.

Overall, in reviewing the impact of socio-cultural factors it can be seen that there are contradicting viewpoints as some researchers feel that cultural factors play an integral role in creating perception of ideal image while few feel that cultural factors do not play a major role. (Wildes & Emery, 2001). Furthermore, it can be said that the studies stated above produce inconclusive results and a more qualitative analysis must be conducted in order to understand the influence of culture in India.

The Impact of the Media:

The role of the media has been underlined in the promotion of the "thin ideal" in women. Researchers have shown in many studies that exposure to thin models in media advertisements effects young women to strive and attain an ideal body more often than men suggesting that media-effects are also gender specific. Linda Smolak (2004, as cited in Grogan, 2008) noted that fashion models in the 2000's were thinner than the majority of US-women. More recently, the US National Eating Disorders Association (2002, as cited in Grogan, 2008, p. 108) noted that "the average US model is 5 feet 11 inches tall and weighs 117 pounds, significantly taller and thinner than the average US woman, who weighs 140 pounds and is 5 feet 4 inches tall." This illustrates that the media tend to create a false ideal which is termed as being attractive.

Furthermore, relationships between the size of females, body dissatisfaction and eating disorders have been demonstrated. As mentioned above, women are constantly trying to fit into the notion of having an ideal body due to various reasons with the media being a contributing factor in promoting this ideal. A recent meta-analysis assessed the results of 25 experimental studies and demonstrated that on average young women feel worse after exposure to thin images than other types of images (cf., Groesz, Levine, & Murnen, 2002). A recent longitudinal study by Stice, Spangler and Agras (2001 as cited in Halliwell and Dittmar, 2004, pp 120) demonstrated that

“prolonged exposure to the thin ideal had a negative impact on a particular subset of vulnerable female adolescents.” As of yet, there has been no research on the impact on female adult population. Therefore, results cannot be generalized to the adult population. Wykes and Gunter (2005, as cited in Grogan, 2008, p.109) have argued that “popular print media still promote a narrow body ideal for women that is young, white, and slender, but that they do this in different and more subtle ways to appeal to a more knowing audience than in previous years.” All the research that has been done with respect to media and body image point in one direction- the promotion of the idealism of thin figures. “Both qualitative and quantitative studies show that women and girls report that they do compare themselves with the models in fashion magazines.”(Milkie, 1999, as cited in Tiggemann & Slater, 2003). One of the interesting studies that have been conducted in this field of research on media and body dissatisfaction, reports findings related to the content of television and body dissatisfaction. Borzekowski et al. (2000) noted that exposure to music videos on television correlated highly with body image and predicted body dissatisfaction. An area still to be considered within media is whether the duration of watching television would also predict body dissatisfaction.

Some researchers have conducted experimental studies to investigate the effect of media exposure on body image and concluded that the majority of women showed decreased levels of self-esteem. However, a few researchers have showed that either there was no change in the level of self-esteem or that there was an increase in the level of self-esteem. Hence, the results of the studies in this area of research remain inconclusive. Particularly, analysing the studies on media exposure in young adult females in India and the resultant effect on their perception of body image showed that media has always been motivating women to revise and alter the latest trends observed in society. Adulthood is said to be the prime time in a life span and adult females are sensitive to opinions. It is usually witnessed that an actor's or actress's success in the film industry is connected to social norms and mass opinions. Adult females idealize actor's and actresses to choose their fashion trend and conform to the ideals of “what's in”.

In India, the trend for media portrayal of women is slightly curvier these days due to the release of a new movie “The Dirty Picture” (produced by Ekta Kapoor, Shobha and Sharan Kapoor, directed by Milan Luthria, 2011). Traditionally, movie actors used to be plump but, recently, the trend has shifted to being size zero and, now, there is a reversal again towards an era when plumpness and voluptuousness were considered to be attractive in India. There was a rise in eating disorders among young Indian women during the phase when size zero was the favorite. A leading magazine in India, India Today group Wonder Woman (2011) quoted that “[...]You'll be more successful, more beautiful and more worthy of love if you lose 10 pounds and those love handles, is the message of our culture”. The interplay of exposure to these film actors' images and the cultural message made the young women in India more anxious to achieve the ideal body prevalent in the current year. If the American culture is compared with the Indian, there has been a trend of being voluptuous similar to the traditional Indian portrayal in media. However, currently in the US, media portrayal is focused on the idealism of slimness. “The evolution of

female physical beauty in the history of America has been studied by Englis et al. (1994 as cited in Radhika Batra, 2007, pp.22), from a period extending between 1800's to the 1960's. The era of the mid 80's idealized the fragile and pale looking female body, which in the 1890's graduated to a more fuller and voluptuous looking female body." The current ideal in America is to be as thin as models represented in the fashion industry. Studies confirm that in the United States, curvaceous working women are stereotyped as being less competent and untalented. It is a stigma attached to slightly curvy females because of media portrayal of models (Batra, 2011).

Looking at the media influence on the concept of body image, it can be concluded that there is a plethora of research reinforcing the thin ideal. Cross-culturally, there is a little variation in body preferences in Indian context suggesting that curvaceous women are seen to be more attractive as compared to slim women in the USA. There are very few experimental studies focusing only on the ethnic group of Asian Americans as well as on the various ethnic groups in India. Hence, there need to be more experimental and qualitative studies to investigate the relation between ethnicity, media influence, and body dissatisfaction in young adult populations.

Final Comments: Evaluation

Despite of the growing recognition to study and evaluate various factors of body image and body dissatisfaction, relatively little research has focused on the factors responsible for creating a negative or a positive ideal image in young adult female populations. It is necessary to direct the research attention towards this sample because the transition in the consciousness to strive for attaining an ideal attractive image starts in adolescence and it gets more stabilized during the following years that are termed as early adulthood (18-25 years of age). Very few studies have been conducted on this characteristic sample to be able to provide conclusive results in order to generalize to the whole adult female population.

Secondly, various factors such as facial attractiveness, role of foreign advertisements in an Indian setting, male views on female body etc., need to be considered carefully. It can be inferred from the review consistently that females attempt to achieve the idealistic body size and shape (36-24-36) which is culturally determined. The various reasons are: personal health reasons, fashion trends, society's view, media portrayals etc. However, it is seen that the male's view on the female body image also plays an integral role in body satisfaction in females. This variable needs to be considered in future research.

Thirdly, there is a common misconception that Americans staple food is junk food coupled with soft drinks. This might not be true in all households - especially in households with Asian Americans. Asian Americans consist of immigrants from India, Pakistan and South Asia who are very health conscious. An overall study needs to check the food preferences of different ethnic groups in USA as well as in India. A very important point to note is that the study by Carpenter et al. (2000) found a relation between women's view of self-image and low body esteem and higher incidents of depression. An extension to this study could be to explore the relation

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between self-images, self-esteem, eating pathology, and anxiety disorders such as obsessive disorders and social phobias. A negative body image can be related to many clinically diagnosed disorders to make everyone aware of a developing negative self image.

More studies related to promoting health foods in women and its effect on adult populations could also be conducted to understand the media influence on body image. A study referred in the review by Borzekowski et al (2000) demonstrated the effect of music videos on body dissatisfaction but it does not provide detail about the type of music videos, cultural construct of the video made, exposure to the video etc. An experimental study could be conducted to investigate the effect and type of music videos on body dissatisfaction. More evidence is required to substantiate that media not only creates a positive image but is also responsible for creating a negative image due to which women use various beauty products, start fad diets, perform wrong exercises etc. In a subtle way media is responsible for creating a negative image on obese or fat women by ridiculing them in comedy serials.

One important factor to note is that, recently, even men are becoming very much body conscious (Baker, 1994). In different cultures, there is a macho image created globally. Therefore, men can also be studied with regard to body image and dissatisfaction.

Overall, it can be said that, even though there is a pool of studies on body image, very few studies focus on Indian and Asian American adult female populations. Hence, with the careful investigation of the above-mentioned loop-holes with regard to sample selection and studies/theories, further new researches can be conducted in the area of body image.

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Gender Differences in Usage of Social Networking Sites and Perceived Online Social Support on Psychological Well Being of Youth

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ABSTRACT

Social Networking Sites have been consuming a major part in the Youth daily routine. The study was conducted with an aim to study the effect of social networking sites and perceived social support on the psychological well-being of the youth. The sample size was 100 which had 50 males and 50 females. All the participants were college going students or new entrants in the corporate sector. The participants were asked to fill the questionnaire which had four parts – 1. Social Networking Sites Survey, 2. Multidimensional Scale of Perceived Social Support Assessment, 3. Psychological General Well-Being Index. The results indicated a negative relationship between the usage of social networking sites and the psychological well-being while positive relationship existed between online perceived social support and psychological well-being. Certain gender differences were also found among the variables like perceived social support and attraction towards social networking sites. This study has a lot of implications in terms of creating awareness among the youth so that they limit the usage of social networking sites and also a lot of research in the Indian context is yet to be done.

Keywords: *Social Networking Sites, Online Perceived social support, Psychological well being*

Online social networking and Internet communication is becoming wildly popular with adolescents and young adults (Allen, Evans, Hare, Mikami, & Szewedo, 2010; Anderson Butcher, Ball, Brzowski, Lasseigne, Lehnert, & McCormick, 2010; DeGroot, Ledbetter, Mao, Mazer, Meyer, & Swafford, 2011; Finkelhor, Mitchell, & Wolack, 2002; Greenfield & Subrahmanyam, 2008; Kramer & Winter, 2008; Regan & Steeves, 2010; Sheldon, 2008). According to the Nielsen Company, global consumers spent more than five and a half hours on social networking sites like Facebook and Twitter in December 2009, an 82% increase from the same time in the previous year when users were spending just over three hours on social networking sites.

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SOCIAL NETWORKING SITES (SNSS):

Social networking phenomenon has emerged since the last 15-20 years. Since that time, SNS has grown from a niche to a mass online activity, in which millions of internet users are engaged, both in their leisure time and at workplace. Social networking is a phenomenon that existed ever since society was formed. Human beings always sought to live in social environments. The proliferation of SNS and their pervasion in everyday life is now affecting how the youth (Gen Y) round the globe especially in India are managing their network. The willingness of users to consider SNS as a means of communication and social networking in everyday life has made it compulsory for the authorities to frame new policies. Online social networking sites like Face book, LinkedIn, Instagram, and Google Buzz are influencing the way users establish, maintain and cultivate a range of social relationships from close friendships to casual acquaintances. These social networking sites (SNS) are nothing but “websites which make it possible to form online communities and share user created content”. There have been several definitions of the term “social networking” which has lead to confusion among readers. For this, SNS can be broadly defined as internet-based social spaces designed to facilitate communication, collaboration and content sharing across networks of contacts. It allows members to manage, build and represent their social networks online.

SNSs are utilized by people of all the age groups but the adolescents and youth use it to the fullest for various purposes (mainly communication). The Internet as a medium of research has changed drastically since it has become more complex, virtual, social and physical such that the youth participates and co-constructs something, rather than just simply watching on the television or personal computers. It is a complex virtual world behind that small screen on which developmental issues play out. (Deshmukh al., 2014) Online mediums also connect people in a person-to-person manner which is more direct and interpersonal. The levels of verbal and affective intimacy can be known through observing the frequency of posts on popular SNSs.(Kross et al., 2013) The popularity of social networking sites is not just based on how many people it has but on how many hours or time a user spends on it daily. Some social aspects like family pattern, age, communication among the members play a vital role in the youth’s web usage. Adequate parenting plays the role of a catalyst in serving the social and emotional needs of the youth, devoid of such parenting they result in fulfilling those needs from online sites. Social media usage behaviour is developing and transforming at a rapid rate leaving its affects on the youth. (Lee, Lee, Kwon, 2011)The dark side of social Medias that its excessive usage effects all the facets of a youth’s life including psychological, emotional, physical well-being and social development.

Gender differences are apparent in Social Networking Sites preferences and amount of use. The sites most popular with teenagers and young adults of both genders (as of 2014) are Facebook and Twitter, which constitute social network sites according to the three criteria articulated by Pempek (2009). They have user profiles, allow for ‘friending’ (or ‘following’ on Twitter), and contain social networks that can be navigated to encounter friends of friends. A few study

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conducted in the U.S. found that 80% of online teens use social network sites, Facebook being the most popular, with 93% of those teens reporting its use (Mango et al., 2008). However, girls on average spend more time on social network sites and use them more actively than boys do (Burke, 2010). More girls than boys use Facebook and Twitter; female users, including teens, also predominate on the online pinboard Pinterest. Conversely, more males use music-sharing sites such as last.fm, as well as Reddit, a social news website known for its sometimes misogynistic content (Kraut & Crawford, 2012).

Gender differences are also present in the ways teens use the internet and social media, although usage patterns have shifted over time. Teenage boys in the United Kingdom reported using computers more often than girls and feeling more comfortable doing so (Liu, C. 2013). However, both genders were embracing the internet as a means of communicating with their friends: Gross (2004) found that the most common activity among American middle and high school students was chatting via instant messaging. In 2007, teenage girls in the U.S. were more active bloggers than boys – perhaps the first time that females were more active participants than males in a public mode of computer-mediated communication. Boys, meanwhile, were more likely to upload online videos and use video sharing applications. Boys spend more time using computers, especially playing video games and visiting video websites such as YouTube. However, girls create and share more video and also are more likely to video chat, in keeping with their more active texting and mobile communication behaviors. Regardless of gender, most teens in the U.S. today spend part of their leisure time online visiting social media sites.

Perceived Social Support:

The information leading the subject to believe that he/she is cared for, loved, esteemed, valued and belongs to a network of communication and mutual obligation, has been believed to increase the well-being of individuals is known as “Perceived Social Support”. Peers are a major source of social support for the youth today and give greater importance to earning this social support through all possible means (Barker, 2010). However, the notion of perceived social support has now changed for the Gen Y due to the widespread use of SNSs (Joinson, A. Goulet, 1998). As a result, studies began to examine the relationship between SNSs usage and perceived social support among youth (Qiu and Tov, 2012).

Researchers suggest that online perceived social support has negative effects on the psychological well-being of the youth, still not many researchers have focused on the impact of perceived social support. There are positive effects of the online social support on the well-being of the youth which can be explained through “Main effects model of the social support” (Cohen and Wills, 1984). This suggests that the online social support directly affects the well-being irrespective of the amount of stress a person experiences.

Well-being:

The term well-being (WB) may be viewed as an abstract and wholly individualized concept whose meaning appears in constant flux. Well-being can be understood as “how people feel, how

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do they function, both on a personal and social level and how do they evaluate their lives as a whole”. To make it simpler, how people feel is the “emotional well-being”, how do they function on a social level is “social well-being”. Irrespective of the psychological measure, the well-being has a strong relationship with the social support. Past studies by both Ashmore (1979) have shown association between well-being and high “relatedness” provided by social networks..A research review also concludes that in general those who have greater intimacy and higher quality relationships also have higher well-being (Berkman, 2001). The importance of social support is further emphasized when one considers the psychological costs associated with the suppression of emotions caused by limited social support. (DeNeve and Cooper,1998; King and Pennebaker,1998). Limited social support from the immediate surroundings might lead to increase in usage of SNSs in search of social support, affecting the person’s well-being (Cohen, 1985).

Psychological well-being includes the ability to be autonomous, solving problems, managing emotions, experience empathy, be resilient and attentive. Psychological well-being includes six main aspects:

- 1) Self acceptance which refers to the positive attitude towards oneself,
- 2) Personal growth as the feeling of sustained development and possibilities,
- 3) Life purpose as to having a goal and reason for one’s existence,
- 4) Mastery referring to a feeling of handling complex situations,
- 5) Positive relatedness as having positive and intimate social relationships and being interested in the well-being of others,
- 6) Autonomy comprising of being self-dependent and independent.

Since this classification of well-being, most of the research has been done either in on personal functioning (psychological well-being) or on global measures of life satisfaction and happiness (emotional well-being). (Naman et al., 2012)

Keeping in mind that psychological and emotional well-being are studied the most, there are certain social aspects attached to the two. For instance, studies showed that interaction with family, friends and neighbors leading to higher emotional well-being, with friends being more important than family and neighbors. Other social aspects like family pattern, marital status, trustworthiness also play an important role in determining the psychological and emotional well-being of people.

In this study the impact of social networking and perceived online social support on the psychological well-being among youth is measured through a survey. Here, the genders are compared and contrasted in order to obtain the difference (if at all there is any) among the impacts it has on males and females. Studies have shown that the SNS use, level of perceived social support and risk towards lower well-being vary according to the gender, but no study has

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yet examined if these concepts are related differently among males and females. Hence, this study will test if the relationship between SNS use, perceived social support and lower well-being differ among males and females from the age of 18 to 25 years. Research has shown that perceived social support might have a positive relationship with SNS use but negatively affects the psychological well-being. Therefore, the current study also aimed to study the relationship and mediating role of perceived social support between the SNS use and the youth's well-being.

According to social roles theory, gender differences can be understood by attending the social roles of males and females. More specifically, as a result of the social roles theory males and females learn different abilities and beliefs, depending on which they behave socially. While males are expected to be a genetic (i.e. independent, rational, competitive), women are expected to be communal (i.e. submissive, dependent and gentle). The role of the females thus favors the engagement in interpersonal activities. So, the social role theory provides a theoretical background as to why females are more attracted to social networking sites compared to males to maintain interpersonal relationships.

HYPOTHESIS

Considering the review of literature done above, the hypotheses for the present study were:

H1: Females will be more attracted to social networking sites compared to males.

H2: Females will tend to perceive more online social support compared to males.

H3: There will be a negative correlation between usage of social networking sites and psychological well-being.

H4: There will be a positive relationship between online perceived social support and psychological well-being.

METHOD

The research methodology in this study includes Participants, measurement instruments, and research procedure and data collection.

Participants

100 college students between the age of 18 to 25 years pursuing either their bachelors or masters degree constituted the sample for this research. The sample was selected through the convenient sampling method. The questionnaires were prepared using the Google form in the Google drive. The questionnaires were sent to them through E-mail and personal messages over the phone. The responses were recorded automatically in the drive. On the first day itself 70% participants responded. Responses contained 50 males and 50 females. The sample differed in age, gender, family pattern, educational qualification and name of the college/university.

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Instruments

The following instruments were used in the data collection:

1. **Personal Data Sheet:** This instrument (devised by the researcher) contained the demographic details like age, gender, family pattern, educational qualification and name of college/ university.
2. **Social Networking Survey** (*Deshmukh, Tatbe ; 2014*): The instrument contained 22 questions pertaining to usage hours, medium through which subjects used the sites, the social capital, number of sites used frequently.
3. **Multidimensional Scale of Perceived Social Support Assessment** (*Zimet, Powell, Werkman & Berkoff; 1990*): This instrument had 12 items measuring the social support from online friends and family members. The target user of this instrument was the youth which is in sync with the sample of this study. The 12 items were scored on a 7 point scale. The possible range of total score is 7-84. The reliability found through Cronbach's coefficient alpha was .88.
4. **Psychological General Well-Being Index (PGWBI)** (*Chassany, Wu, Dupuy, 1970-71*) : The 22 item PGWBI targeted peoples' self- representation of an aspect of the general well-being. It did not include an evaluation of physical health. It included six dimensions: Anxiety, Depressed mood, Positive Well-being, Self-control, General Health and Vitality. The scoring was generally on a 1-6 scale, giving the score range of 22-132. There was no reverse scoring done in this instrument.

Procedure

The entire process of data collection involved two steps as mentioned below:

1. Preparing the questionnaire: The questionnaire had to be typed in the Google form and then sent to the decided sample. All the previously mentioned instruments were used and their questions were entered.
2. Distributing the questionnaire: Once the Google form was ready, the form was e-mailed or messaged on the phone of the participants. They were asked to respond as promptly as possible. A time of one week was allotted for data collection. On the first day itself, the return rate was 70% (i.e. 70% people responded on the same day).

Later on, the responses were automatically recorded and data analysis was carried out by the researcher.

Statistical Analysis

Three data analysis methods were used in this study: descriptive statistics, correlation and one way ANOVA. The data for this research was analyzed using the Statistical Package for the Social Sciences (SPSS 16.0).

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RESULTS

For the descriptive analysis, the mean and standard deviation of all the variables, including psychological well-being, usage hours, and perceived social support was computed. This was done in order to arrange the data in a more interpretable manner. .

Table 1: Descriptive Analysis of Psychological well-being, Perceived Social Support and Usage hours

Descriptive Statistics			
Variables	N	Mean	Std. Deviation
Psychological well-being(PWB)	100	77.590	5.7719
Perceived Social Support (PSS)	100	67.220	31.3590
Usage hours	100	68.150	10.8845

The maximum standard deviation among the three variables is of Perceived Social Support (PSS) i.e. 31.3590 which shows that the scores of PSS are the most scattered among the participants followed by usage hours (10.8845) and the least scattered scores are of PWB Usage hours (5.7719), showing that they are least deviated from the mean among all the variables.

Pearson Product-Moment Correlation:

Table 2: Correlation values of Psychological well-being and Perceived Social Support.

Correlations			
		PWB	PSS
PWB	Pearson Correlation	1	---
	Sig. (2-tailed)		
	N	100	
PSS	Pearson Correlation	.230*	1
	Sig. (2-tailed)	.019	
	N	100	100
*. Correlation is significant at the 0.05 level (2-tailed).			

Pearson Product moment correlation was computed to examine the correlation between the independent and dependent variables. The values are depicted in the table above. According to the results of correlation analysis, the correlation between psychological well-being (PWB) and perceived social support (PSS) was 0.230 which is significant at 0.05 level.[$r = .230$, $N = 100$, $p = .019$]. It shows that with the increase in PSS, the PWB also increases and vice versa. The results show a significant positive correlation between the two variables.

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I. Gender and Perceived Social Support (PSS):

Table 3: The one way ANOVA table depicting the relationship between gender and perceived social support (PSS).

PSS					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1466.890	1	1466.890	4.009	.003
Within Groups	10261.860	98	104.713		
Total	11728.750	99			

a. Predictor: Gender

b. Dependent Variable : PSS

One way analysis of variance was carried out to find the significance of difference between gender groups and Perceived Social support on study variables. The results of ANOVA for gender groups are presented in Table (1). The results revealed significant differences between males and females on Perceived Social support ($F=4.009$, $p<.05$).

II. Gender and Usage hours:

Table 4: The one way ANOVA table depicting the relationship between gender and Usage hours.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.960	1	1.960	5.418	.038
Within Groups	43.480	98	.444		
Total	45.440	99			

a. Dependent Variable : Usage Hours

b. Factor: Gender

One way analysis of variance was carried out to find the significance of difference between gender groups and Usage hours on study variables. The results of ANOVA for gender groups are presented in Table (2). The results revealed significant differences between males and females on Usage hours ($F=5.418$, $p<.05$).

DISCUSSION

The research aims at studying the effects of usage of social networking sites and perceived online social support on the psychological well-being among the adolescents. The social networking has been a very important part in the students' life. In India, not many studies have been done on this topic. The researcher here has tried to relate online perceived social support

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and psychological well-being as the adolescents' psychological well-being has become a matter of concern in the last few decades. The students include participants from 18 to 25 years. The variables like usage of social networking sites and online perceived social support were compared among males and females. A positive correlation between the perceived online social support and psychological well-being was found using Pearson's Product-Moment Correlation. One-way ANOVA was also computed to find out differences among males and females in the study. Other variables like family pattern and usage hours of the SNS were shown in the form of graphs and pie charts.

Online Social support has been one of the important functions of Social Networking (Gottlieb, 2000). Studies by Kraut et. al. showed that there was a relationship between perceived social support and psychological well-being. The online perceived social support was found to affect the psychological well-being of the subjects. "The Internet Paradox Revisited" reaffirmed the relationship between SNS usage and social support further affecting the psychological well-being. Similarly, social theory reviewed in the literature lead the researcher to find gender differences among each of the variable.

H 1: Females will be more attracted to social networking sites compared to males.

Early research shows that "computer culture" was difficult for the women to cope up with but gradually they came at par with the males. Many researchers like Valenzuela, Tufekci (2008, 2009) found considerable differences between the usage patterns and purposes of the usage of SNS among males and females. Females used it to maintain existing relationships while males used the SNS for games, developing new contacts. Females are more prone to SNS as compared to males and spend more hours daily on the SNS. In the present study, One-way ANOVA was applied to find if the usage hours varied among males and females. The obtained value of F(statistic) was significant with a $p < 0.05$. (Table: 7). Theoretically, the social role theory might also be the reason for females to be attracted to social media. This theory suggests that due to different social roles, they also learn different skills and beliefs which in turn form their social behavior. The female gender is expected to be more communal while the male gender is more a genetic and independent. Hence, the results support the first hypotheses that females are more attracted to social networking sites compared to males.

H 2: Females will tend to perceive more online social support as compared to males.

Both the types of online social support (i.e. perceived and received) were studied in many early researches. As college students move away from homes, they heavily rely on internet for social support. Studies have shown that girls specially perceive and receive more social support as they utilize more social networking sites and are found to be more extroverted compared to males (Frison & Eggermont ; 2015). In the present study also the results have reaffirmed the conclusions of the previous researches but here only "perceived online social support" is taken into account. The one-way ANOVA was applied to check the effect of gender on perceived

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online social support. The obtained value of F (statistic) is 14.009 which is higher than the critical value of F at the (1,98) degree of freedom. The value of F obtained is significant at 0.01 level ($p = 0.003$). (Table: 5). The probable reason for this is that males and females have different self-representation concerns –females are more concerned about the image they represent and how they are perceived by others while males are less or not bothered about it in face to face and online conversations both. The results here support the hypotheses and we accept the hypotheses.

H 3: There will be a negative correlation between social networking sites and psychological well-being.

Earlier research found a positive relation between usage of SNS and psychological well-being. According to the main effects model the usage hours of SNS did affect the psychological well-being. The theory states that the integration into the social network might have positive effects on the psychological well-being. Contrary to these findings, study by Moody (2001) showed that greater usage of social networking sites lead to a decline in the psychological well-being. Further, the results indicated that uncontrolled use of the SNS would lead to depression, loneliness etc. A study in 2010 showed that hyper-texting and hyper-networking led to the subjects indulging in alcoholism, smoking and finally declining the psychological well-being among college going students (Consumer Reports, 2010). In the present study, the results show a negative correlation between usage of social networking sites and psychological well-being. The value of F was statistically significant at the level of 0.05 ($p = 0.041$) (Table: 8). The youth today cannot strike a balance between the surrounding real environment and the virtual online world. Due to this reason, they are continuously trying to take out time for both and end up with a decline in the psychological well-being. Their academics is also affected due to this poor management and excessive usage of SNS leads to depression, stress etc. Thus with the increase in the usage hours, the psychological well-being will keep on decreasing. Hence, the hypotheses was statistically proven and accepted by the researcher.

H 4: There will be a positive relationship between online perceived social support and psychological well-being.

The review of literature states that online social support perceived and received from the online contacts increase life satisfaction and psychological well-being, buffering the negative effects of stress (Cauce et. al., 1994 ; Meeus, 1994; Robinson, 1995). Shaw and Grant (2000) also found that depression and loneliness decreased when people indulged in social networking activities due to the online social support. SNS affects social support and psychological well-being way faster than it affects the self-esteem of the participants. In the present study, only the correlation between the two variables was found. The Pearson's correlation between perceived social support and psychological well-being was .230 which was found to be significant at the level of 0.05. ($p = 0.019$, $N = 100$) (Table: 4) Theoretically, "rich gets richer" hypotheses is apt among today's youth. It says that people who are already getting social support will get more and more

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social support while those who are discouraged as they have no social support would have a declined rate of psychological well-being leading to depression. Since the results show positive correlation, the psychological well-being will increase with every increase in the online perceived social support and vice versa.

LIMITATIONS

In the present study, only the usage hours of SNS were taken into consideration but the researcher could have studied more variables pertaining to the social networking sites like purposes of usage, most popular websites, and social capital. The sample size could have been more in order to get more reliable results but due to time constraint it was not done in this study. The interaction effect between online usage hours and perceived social support on psychological well-being was not seen in this study. Questionnaires used could have been complimented with a few interviews having open ended questions and analysis of conversations in order to get a deeper insight in the matter.

IMPLICATIONS FOR FURTHER RESEARCH AND STUDY

The current study looked at the effect of social networking sites and online perceived social support on the psychological well-being of youth. Here, certain important relationships were established one of the most important one is “the negative relationship between usage hours of SNS and psychological well-being” – it acts as an alarming sign for the adolescents and the future generations too. More studies and researches need to be done in this area especially in the Indian context with a view to increase awareness among the population. As mentioned, in the literature review that the self-esteem, online social support is predictors of psychological well-being of an individual so more studies need to be made in that context. The contribution of current research is that the researcher has found that perceived social support at many times plays the role of mediating the relationship between usage hours of SNS and the psychological well-being and gender differences play a role in the relationship between these variables.

CONCLUSION

The study showed a positive relationship between online perceived social support and psychological well-being while a negative correlation was observed between the usage hours and psychological well-being of the participants. Also significant gender differences were obtained in certain variables like daily usage and online perceived social support. Thus, a limited usage of the SNS would be beneficial to the adolescents.

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Level of Aspiration on Academic Performance of School Students

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Keywords: *Aspiration, Academic Performance, School Students*

Abraham Maslow's hierarchy, he described this high-level need in the following way: "What a man *can* be, he *must* be. This need we may call self-actualization...It refers to the desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming."

In recent times, student aspiration for higher education has become the subject of Government policy and school / University partnerships. Gardner (1940) defined as, "level of aspiration is a truly quantitative concept, which has two requirements that the subjects make some public indication of his aims and that, he makes this in quantitative terms." Hurlock (1967) defined it as "a longing for what is above one's achieved level with advancement on it as it send. In other words, aspiration means the goal an individual sets for himself in a task, which has intense personal significance for him or in which he is ego-involved." The research was undertaken in three stages: survey instrument development and refinement; implementation; and data analysis.

REVIEW OF LITERATURE

Parent involvement in a child's early education is consistently found to be positively associated with a child's academic performance (Hara & Burke, 1998; Hill & Craft, 2003; Marcon, 1999; Stevenson & Baker, 1987). Specifically, children whose parents are more involved in their education have higher levels of academic performance than children whose parents are involved to a lesser degree.

Goel (2004) instigated the effect of home environment on educational aspirations. The sample of the study comprised 100 students (50 boys and 50 girls) of intermediate classes in age groups of 16-20 years. The results revealed that girls had much higher educational aspiration than boys. Boys felt more rejected with the autocratic atmosphere at home in comparison to girls who experienced more nurturance than boys.

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Gupta (1987) studied relationship between locus of control, anxiety, personality traits, level of aspiration and academic achievement of secondary school students with the objective to assess the magnitude and direction of relationship of locus of control, anxiety, personality traits, level of aspiration with academic achievement by taking a sample of 670 students of average intelligence drawn from a population of 3780 students of class XI of Hindi medium school of Allahabad city and found that locus of control, anxiety, level of aspiration was correlated negatively with academic achievement; socio economic status had significant positive correlation with academic achievement; boys were high achievers, more internally controlled and less anxious than girls.

Narula (2007) in her study on a sample of 700 students of ninth class studying in senior secondary schools of Punjab concluded significant positive correlation between the variables of creativity and academic achievement. Significant difference was also obtained between the creativity of boys and girls at 0.01 level of significance.

METHODOLOGY

Objective

The main objectives of study were as under:

1. To measure the self – actualization in school student relation to their social economic status.
2. To measure the academic performance in school student on level of aspiration.
3. To measure the correlation between male and female on Academic Performance.

Hypothesis

1. There is no significant between academic performances in school students relation to their socio-economic status.
2. There is no significant difference in the academic performance between boys and girls on level of aspiration .
3. There is a significant difference in the overall quality of life between school students (boys and girls) with academic performance.

Sample

The sample will consist of 300 school students selected by stratified random sampling. The factors of stratification will be:

- Religion - 2 (Tribal and non Tribal)
- Gender - 2 (Male and Female)
- Level of Education - 3 (Class 10th, & 12th)

Tools

For this purpose the following test tools were considered with their reliability, Validity and objectivity mention in their respective manuals. In present study two inventory used in research.

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- **Personal Data Questionnaire** : This questionnaire will be prepared by the research scholar. It will be used to obtain information about respondents' name, age gender, religion, caste, education and socio-economic status of the parents etc.
- **Self-actualization inventory** : Self-actualization inventory made by Sharma K. N. (1987). It consists 75 items. This is 3 point scale. The test retest reliability of whole test was 0.85 and validity of this scale is very high.

PROCEDURE

This study was designed to compare Tribal and Non-tribal school students on level of aspiration and academic performance. As such, descriptive method of research was employed.

Statistical treatment:

The data collected was subjected to the following statistical treatment Mean S.D t-test

Analysis and interpretation of data:

In order to achieve the objectives formulated for the study, the data was statically analyzed by employing t-test.

RESULT

Table.1

Showing mean comparison of Tribal and Non- tribal school students on real self dimension of self-actualization (N=150 in each group). Group N Mean S.D t-value Level of significance Tribal 150 255.69 28.45, 21.75 Significant at 0.01 Non-Tribal 150 168.47, 20.70. The perusal of above table shows that the two groups differ significantly on real dimension of self - actualization inventory. The calculated t-value (21.75) exceeds the tabulated t-value (2.59) at 0.01 level of significance, which depicts that there is a significant difference between Tribal and non-tribal school students on real admission of self- actualization inventory. Thus from the confirmation of the results from the above table, the hypothesis which reads as, “Tribal and Non-tribal school students differ significantly on real self dimension of self-actualization inventory”, stands accepted.

Table.2

Showing mean comparison of Tribal and Non-tribal school students on ideal self dimension of self actualization inventory (N=150 in each group). Group N Mean S.D t-value Level of significance Tribal 150, 161.14, 14.12, 14.07 Significant at 0.01 level Non – tribal 150, 198.17, 18.16 The perusal of above table shows that the two groups differ significantly on ideal self dimension of self actualization inventory”, stands accepted.

DISCUSSION

Our purpose in undertaking this study was to determine if the problem of low aspirations among youth was unique to Maine. The results of our analysis have convinced us that low aspirations among Tribal and Non-tribal school students are a problem which exists nationally. It does appear that intervention is possible. Conscious planning and concerted efforts by parents, school

personnel, concerned citizens and municipal officials, can be effective. The goals, dreams, and ambitions of our school students should not be a function of whether they live in a rural, urban or suburban environment. But the evidence is clear-those who live in rural area are evidencing generally lower aspirations. Rural states have a special responsibility to their students which must be recognized and fulfilled. Certainly, Tribal and Non-tribal school students are deserving of any efforts which can be made to promote higher aspirations.

CONCLUSION

The results of this study further emphasize upon the significant role played by home in shaping students' Level of Aspiration, no matter what the income level or background of the family is. Hence, parents need to be made aware of the various positive and negative reward mechanisms that can be helpful in enhancing Level of Aspirations of their wards. It becomes foremost duty of parents to make every effort to create a conducive and healthy atmosphere in the home so as to sustain high Educational Aspirations in children. It is very much desired in school students and especially in Tribal and Non-tribal students to have high Level of Aspirations and ambitions for social and scholastic achievement.

SUGGESTIONS

The further study may be replicated on large sample. A comparative study may be conducted on Level of Aspiration on academic performance of Tribal and Non-tribal school students. This study may be undertaken to highlight the different dimensions of Level of Aspiration on academic performance of Tribal and Non-tribal school students. Further investigations may be undertaken in relation to carrier aspiration and academic performance in school students.

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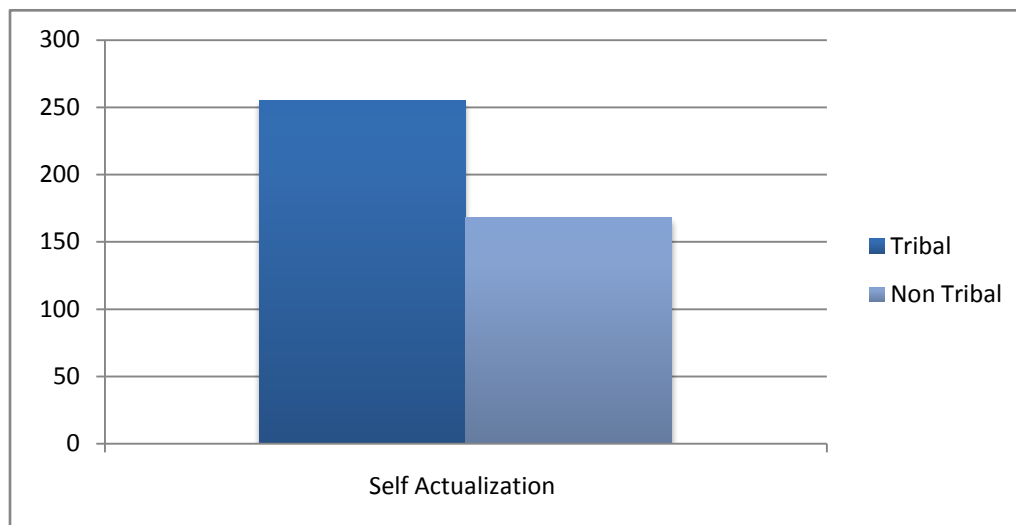
TABLES

T1: Showing mean comparison of Tribal and Non-tribal school students on real self dimension of self-actualization

Group	N	Mean	SD
Tribal	150	255.69	21.75
Non Tribal	150	168.47	20.70

T2: Showing mean comparison of Tribal and Non-tribal school students on ideal self dimension of self actualization inventory

Group	N	Mean	SD
Tribal	150	161.14	14.12
Non Tribal	150	198.17	18.16



Emotional Maturity Profile of Adult Family Members of Person with OCD

Jaya Bharti¹

ABSTRACT

This is a cross-sectional study with the aim to study the constellation of emotional maturity profile of adult family members that interacts with and around clinically diagnosed cases of OCD. It also aimed to ascertain the overriding contribution of age and gender of key informants of OCD. In this study, 50 people with OCD, along with their 50 respective adult family members were taken on the basis of inclusion and exclusion criteria. Subjects were assessed using Socio-demographic and clinical sheet & EMS. Appropriate statistics such as mean, standard deviation, t test were applied to analyse the data. The results of the study concluded that among the key informants of OCD, significance difference regarding emotional maturity and its various aspects were observed between male and female. Further, also noticed that mean scores of emotional instability, emotional regression, social maladjustment, personality disintegration, lack of independence and total emotional maturity were more in female key informants as compared to male key informants.

Keywords: Emotional Maturity, Adult Family, OCD

“Emotional maturity is a personality trait, the result of emotional development and the display of emotion appropriate to one’s chronological age. It usually reflects increased emotional adjustment and emotional stability and the attainment of emotional self-regulation”

Emotional maturity defined as, “A process in which the personality is continually striving for greater sense of emotional health, both intra-psychically and intra- personally”. In brief emotional maturity can be called as the process of impulse control through the agency of “self” or “ego”. Emotional Maturity according to Dr. S. K. Mangal “Emotional Maturity is that characteristics of emotional behaviour that is generally attained by an adult after the expiry of his adolescence period”

Becoming Empowered

Emotional maturity is important if we are to be effective in our lives, and in our relationships. As you go along this upward spiritual path, look first within to your own immaturity or areas in

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which you'd like to be more empowered, if that applies to you. After you have been able to work with your own growth process, then are you able to help another who may be struggling. Sometimes God gives us companions and soul mates to work through our parallel struggles together so that we can have a glimpse into the reality that we are not alone here as we learn what we came to learn in this life. We are all here to learn. Growing toward our highest self, and therefore following our higher path, requires the maturity of our souls. So, how do you recognize immaturity and maturity in yourself or others?

The Emotionally Immature Person

“When I was a child I talked like a child, I thought like a child, I reasoned like a child. When I became a man, I put childish ways behind me...”

There is a difference between being childish and child-like, to be child-like is to have a freedom of spirit, enjoying life in a carefree energy, and to have faith that you will be able to overcome your obstacles, entrusting your path to God as you understand it. It is actually mature to allow yourself to be child-like. Isn't that ironic? That is because being child-like keeps us open spiritually and receptive to the Divine path and flow of our lives.

Signs of Emotional Immaturity:

- They are selfish and self-centered, much like a child. They do not think of the feelings of others so much as their own. Their own needs, wants and feelings take precedence over that of their partner's. They don't seem to notice (*or maybe don't want to notice*) how what they do affects their partner and even when they are shown how their behaviour affects their partner, they often will not apologize and make it right (*since that requires maturity*).

Signs of Emotional Maturity:

- They understand that *they* are responsible for how they feel and take responsibility for their actions, their words, and their attitudes and how those things affect the others around them. Expressions such as “I felt good when you ____” or “I felt hurt when you ____”. Notice that they are taking ownership of their own feelings by saying “*I* felt...” not “*you* made me feel...”

Family Involvement in OCD

Living with someone with OCD can be challenging. It is difficult to watch someone you care so deeply for suffer so much. The anxiety is debilitating, the rituals are time consuming, and the impact OCD has on their life is devastating. Your attempts to help by assisting with OCD rituals can unexpectedly result in more anxiety and frustration instead of less, and often times you find yourself entangled in OCD symptoms instead of assisting your loved one out of them.

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This pattern is vicious and can last for years. OCD therapists recognize the important role that family members often have in their loved ones OCD and involve them in treatment as a way of maximizing progress. They do this by teasing out how family dynamics have been affected by OCD and what accommodating behaviours family members are engaging in, educating the family about why accommodating behaviours don't work, and teaching them what to do instead.

If your family member has OCD or you have a close relationship with someone with OCD, you are likely impacted by their symptoms. Determining how you are involved, the extent to which you are involved, and the consequences of being involved is important. This information will facilitate goal setting, sets a baseline to help determine progress, and provides motivation for change.

Kaplan and Baron (1986) elaborated the characteristics of an emotionally mature person say that he has the capacity to withstand delay in satisfaction of needs, He has belief in long term planning and is capable of delaying or revising his expectations in terms of demands of situation. An emotionally mature student has the capacity to make effective adjustment with himself, members of his family, his peers in the school, society and culture. But maturity means not merely the capacity for such attitude and functioning but also the ability to enjoy them fully. Therefore, the emotionally mature student is not one who necessarily has resolved all conditions that aroused anxiety and hostility but it is continuously in process of seeing himself in clearer perspective, continual involved in a struggle to gain healthy integration of feeling, thinking and action. So emotional maturity can be called as the process of impulse control through the agency of self or ego.

OPERATIONAL DEFINITIONS:

Obsessive Compulsive Disorder:

DSM-5 Diagnostic Criteria for Obsessive-Compulsive Disorder (300.3)

Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

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2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

RATIONALE FOR THE STUDY

The present study was planning to assess the emotional maturity profile of adult family members of obsessive compulsive disorder. Proposed study was a queries and energetic effort to addressing the issues with integrated framework whereby concept of emotional maturity, problems and solution, factor associated with emotional maturity.

OBJECTIVES

The main objective of this study is to critically examine the family members of person with OCD and the challenges they face in living with the person and Following specific objectives were formulated:

1. To study the constellation of emotional maturity profile of adult family members that interact with and around clinically diagnosed cases of OCD
2. To ascertain the overriding contribution of age and gender of key informants of OCD.

METHODOLOGY

Study Setting:

The study was conducted in selected Psychiatric Hospital at Uttar Pradesh.

Research design:

This was a hospital-based, cross sectional & exploratory research design.

Population:

The population of the present study was including adult members of patients who are diagnosed as obsessive compulsive disorder, on the basis of ICD-10 in a selected psychiatric hospital at Lucknow.

Sample Size:

Total subjects of adult family member of obsessive compulsive disorder 50

Sampling Plan:

Purposive sampling technique was used to select the samples for the study.

Sampling Criteria-

1. Inclusion Criteria for Chronic Mentally Ill Patients

- ✓ Age group ranging from 21-60 years
- ✓ Patients diagnosed as obsessive compulsive disorder according to ICD-10
- ✓ Duration of illness at least 2 years recruited to the study

2. Exclusion Criteria for Chronic Mentally Ill Patients

- ✓ Neurological disorders such as seizures, movement disorders, cerebral palsy
- ✓ Recent or current medical illness

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- ✓ Comorbidity with any other psychiatric disorder.
- ✓ Use of any pharmacological intervention other than psychotropic drugs.
- ✓ Life time history of head injury associated with loss of consciousness, seizures, neurological deficits, or surgical intervention.

3. Inclusion Criteria for Caregivers

- ✓ Primary caregivers (Parents/Spouse/Sibling/Children) who are staying with the patient since the onset of illness are included.
- ✓ Age group above 21 years
- ✓ Living with the patient for at least last 1 year
- ✓ Those who gave informed consent to participate in the study

4. Exclusion Criteria for Caregivers

- ✓ Caregivers with psychiatric conditions, organic syndromes, mental retardation, substance dependence or chronic physical illness.
- ✓ Those who did not give consent

DATA COLLECTION PROCEDURES

Tools Used

The following tools were used for the present study:

A. SOCIODEMOGRAPHIC AND CLINICAL SHEET

A semi-structured proforma will design to collect demographic information like age, sex, duration of marriage, etc. about the patients and their caregivers along with the clinical information like the age of onset, duration of illness, number of hospitalizations, etc. regarding the patient.

B. EMOTIONAL MATURITY SCALE

Emotional Maturity Scale (EMS; Singh and Bhargava, 1991). This scale measures a list of five broad factors:

1. Emotional Instability
2. Emotional regression
3. Emotional maladjustment
4. personality disintegration
5. Lack of independence.

It is a self-reporting five point scale. Items of the scale are in question form demanding information for each in any of the 5 options: Always, Mostly, Uncertain, Usually, Never. The items were scored as 5, 4, 3, 2, 1 respectively. Therefore, the higher the score on the scale, greater the degree of the emotional immaturity and vice versa. The scale has total 48 items. There are 10 items per factor except the fifth factor which has 8 items. The highest possible score for the first 4 areas are 50 and the lowest is 10 while for the fifth factor the highest score is 40 and lowest is 8. (For all the first 4 factors the extremely unstable range from 10-20 (for 5th factor-8-16), moderately unstable from 21-30 (17-24), unstable from 31-40 (25-32), stable from 41-50 (33-

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40)). Reliability of the scale was determined by test retest reliability which was 0.75 and internal consistency for various factors ranged from .42-.86.

Ethical Issues

- 1- A fully informed consent was taken from all participants in the study prior to data collection.
- 2- The participation or non-participation of the subjects did not alter the services offered to them at the hospital.
- 3- Subjects had the right to withdraw from the study at any point of time during the course of the study.
- 4- The confidentiality of the subject was maintained through the course of the study and was shared with the treating team when deemed beneficial for the patient's management

METHOD OF DATA COLLECTION

The study was approved by the hospitals ethics committee, and all subjects gave written informed consent to participate. Person with OCD and their adult family member were selected by purposive sampling on the basis of inclusion and exclusion criteria from out patients of the hospitals. Detailed data was collected on the socio-demographic and clinical data sheet designed for the purpose. Subjects were assessed Emotional Maturity Scale (EMS; Singh and Bhargava, 1991).

ANALYSIS AND INTERPRETATION

Table-1: Shows the Mean Scores of Various Type of Emotional Maturity According To Gender to Adult Family Members of OCD

Gender	No. of Cases	Emotional Instability		Emotional Regression		Social Malad.		Personality Disinti.		Lack of Inddep.		Total E.M	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	38	21.46	5.53	21.86	4.95	21.94	4.92	22.00	3.91	19.81	4.61	106.11	17.33
Female	12	28.07	7.53	26.07	6.99	24.66	5.02	26.31	4.69	21.31	5.81	126.55	24.10
Total	50	23.05	6.72	22.77	5.78	22.61	5.11	23.03	4.53	20.15	4.95	112.88	20.86
t		2.305		2.334		1.648		3.166		0.929		3.075	
p		<0.05		<0.05		>0.05		<0.05		>0.05		<0.05	

Table no. 1 shows the mean scores of various type of emotional maturity according to gender of adult family member of OCD. The emotional maturity scores were observed of high among female as compared to male in all type of emotional maturity i.e. emotional instability, emotional

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regression, social maladjustment, personality disintegration, lack of independence and total maturity.

Statistically significance difference regarding the mean scores in various type of emotions between male and female except social maladjustment and lack of independence scores were observed between male and female at 5% level of significance.

Table-2: Shows the Mean Scores of Various Type of Emotional Maturity According To Age of Adult Family Members of OCD

Age In Years	No.of Cases	Emotional Instability		Emotional Regression		Social Malad.		Personality Disinti.		Lack of Inddep.		Total E.M	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
>50	39	23.10	6.49	22.72	5.89	22.15	4.88	23.26	4.40	22.28	4.65	111.5	20.84
<50	11	22.91	7.40	23.45	5.30	24.18	5.62	22.27	4.92	19.82	5.98	112.6	20.96
t		0.094		0.0370		1.180		0.643		0.272		0.159	
p		>0.05		>0.05		>0.05		>0.05		>0.05		>0.05	

Table no. 2 shows the mean scores of various type of emotional maturity according to age of adult family member of OCD. The total emotional maturity scores were found to be more among the adult family members of OCD having the age above 50 years as compared to cases having the age below 50 years. The mean scores of emotional instability, personality disintegration, lack of independence were more among the cases having the age below 50 years as compared to cases having the age above 50 years while the mean score of emotional regression and social maladjustment were more among the cases having age more than 50 years as compare to cases having the age below 50years. However the mean difference of various type of emotional were found to be insignificant between cases having the age below 50years with the age above 50years even at 5% level of significance.

CONCLUSION

By observing the analysis of the data it could be included that among the key informants of OCD, significance difference regarding emotional maturity and its various aspects were observed between male and female. Further, also noticed that mean scores of emotional instability, emotional regression, social maladjustment, personality disintegration, lack of independence and total emotional maturity were more in female key informants as compared to male key informants.

LIMITATIONS

1. Sample size was modest, which makes it difficult to generalize the result.
2. Random sampling was not done.
3. It was a Cross sectional study.

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Memory in Old Age: Current Scenario in India

Dr. K. Lalitha¹, Dr. D. Jamuna²

ABSTRACT

One of the common concerns of older people is the complaint that their memory was not as good as it was. Empirical studies on memory have highlighted that memory losses are not uncommon in any age. According to statistics, 70% of older adults report that they have memory problems, but objective tests are needed to determine if they have mild cognitive impairment, which is also known as benign senescent forgetfulness (AAMD) and early dementia. Mild cognitive impairment is basically a transitional stage between normal aging and Alzheimer's disease. Studies show that 17% to 34% of elderly people have mild cognitive impairment. One of the significant areas of contemporary gerontological researches is planning of systematic interventions in improving memory. This article focuses on the research carried out on memory and old age in India and discusses the need for further research.

Keywords: *Memory, Researches memory in India, current scenario*

Memory is defined as a recall of stored information on demand. An item of memory was thought of as a single unit with an identifiable place of residence somewhere in the brain that could be recalled when necessary. Earlier, memory used to be regarded as a structure, now it is seen as a process (Howard, 2004). Memory is such a pervasive aspect of our daily lives that we take it for granted. Memory is the yardstick with which society judges whether a person is socially intact or not. We depend on our memory systems to carry out every day plans of our lives. Human memory systems truly are remarkable when you think of how much information we put into our memories and how much we must store and how much we must retrieve to perform all of life's activities (Willingham, 2004).

Research over the past decades shows that the mind constantly adjusts its way of doing things and compensates nicely for many losses in efficiency. The brain is almost infinitely plastic, containing many more neurons than we can use. If one neuron fails, those nearby can take on its load. There is solid evidence that deterioration in mental functions can actually be reversed probably with animals and humans (Psychology Today, 1993).

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But there are two types of such losses during later part of life. One of this is normal, age related, gradual decline called Age Associated Memory Decline (AAMD) the other is disease associated memory loss i.e., dementia as happens in the case of Senile Dementia of Alzheimer's Type (SDAT) (Lalitha, 2000, 2005).

Memory researchers have long focused on three general steps i.e., memory is the retention of information over time through encoding, storage, retrieval (Smith, 1996).

Older citizens often lament what they perceive as deteriorating memory (Carol & Rabbit, 1991; Wythe & Anderson, 1997). Several studies on memory and aging have reported age related decline, whereas other studies have failed to find unambiguous age related changes (Park, 1997). Age related differences in memory are influenced by an interaction of multiple factors (Salthouse & Skovernek, 1992). For instance, the researches in the area of memory have interpreted the findings on age differences in working memory as being due to greater susceptibility to interference as a function of age (Kausler, 1994; Perlmutter, 1986). Such interference may have a direct effect on the storage and retrieval stages of information processing. Despite these observations, the attempts to demonstrate directly the effects of interference on memory have not given consistent results. Despite these observed inconsistencies it is generally believed that there is a decline in memory function in many individuals as measured through various tests, with advancing age. But nature and quantum of change differs with the test being used.

The researches on memory and ageing indicate memory processing as a potential source of age differences (Park et al., 1996; Salthouse, 1994). Due to paucity of evidence on age differences on how information is organized in storage, most researchers have examined encoding and retrieval as sources of age differences. Regardless of whether the cause is physiological, biochemical, motivational or due to other non-cognitive factors, there are differences in memory functioning among the young and the old. The very brightest older person seems to show both relatively and absolutely less loss, but, in time, even these individuals perform less well than when they were young. Since the amount of loss occurring with progressive age depends upon the type of material used and the kind of learning and memory involved, it is difficult to conclude in a general way of presence or absence of memory impairment with advancing age. Neither using a single test nor a combination of various tests is adequate to draw generalized inferences on memory in the aged. There appears to be some specificity of age change. This suggests a need to use tests for specific functions. In recent years there has been an emphasis among Western researchers, on the study of memory types to study of memory deficits especially age associated dementia's and cognitive interventions to deal with them (Howard, 2004). But the review of researches in the area of geropsychology shows that very few scientific studies are available on cognitive aspects of ageing in Asia compared to West (Lalitha, 2000, 2005; Ramamurti & Jamuna, 1984, 1993, 1995). Hess and Hinson (2006) in their study on adults 24-86 years found that adults in their 60s exhibited weak effects consistent with the operation of stereotype threat, whereas middle-age adults exhibited a contrast effect in memory performance, suggestive of stereotype lift. Beliefs about aging and memory were also affected by stereotypic

information, and older adults' changed beliefs were more important in predicting performance than was exposure to stereotype-based information alone. The volume of research output on various aspects of memory carried out on western populations is amazing (e.g., Cavanaugh, 1997; Cavanaugh & Balnchar-Fields, 2002; Kausler, 1994; Poon, 1985; Whitbourne, 2005).

Memory is a function which bears many facets. Empirical evidence is plenty that points to the differential decline in these facets of memory. A large number of empirical studies have demonstrated that younger subjects perform better than the older subjects with regard to memory. Though many elderly experience relatively little difficulty in remembering some of their early life events (e.g., events of their childhood) yet they may find it difficult to learn and retain new material. Bromley (1958) and Gilbert (1941) reported that learning and memory of recent material is complex and a marked decline in memory occurs especially in those aspects calling for the formation of completely new associations, the interpretation of new inputs as well as in retention of newly learnt material. While accepting the fact of significant age differences in memory performance, one must understand the complex nature of memory and the multifarious factors determining the size of the age differences. Due to its complexity, scientists continue to strive to unravel the intricacies of human memory. It is considered as one of the important and fascinating areas of Gero psychological research as evident from the observation that 34 percent of the published articles in the two journals viz., *Psychology and Aging*, and the *Journal of Gerontology: Psychological Sciences*, were in the area of memory and ageing (Birren & Schaie, 1996).

Researches on Memory and Old age in India

Memory, of all types, plays a significant role in one's lives. Memory decline in the elderly who are already handicapped in several ways has special negative implications for them in going about their normal daily activities and compound their dependency. Man's present and prospective activities in his day to day life are organized on the basis of the past experience. Therefore, memory plays a critical role in the day today functioning of the elderly. When memory is upset as it happens in the case of certain pathological conditions like Alzheimer's disease (where the individual progressively loses his memory), life gets disorganized, non-functional and unable to progress. Therefore, the study of memory occupies a significant position in the field of ageing. Indian researches carried out in the area of memory and cognition are not many (Ramamurti & Jamuna, 1984, 1993; 1995).

Some studies are available on memory and other cognitive aspects in the Indian elderly (Dubey, 1996; Khan & Khan, 2002; Kohli et. al., 1992; Pershad, 1979a, 1979b; Ramamurti, 1978, 1990; Sharma, et al., 1992; Verma, & Pershad, 1996). Studies reported a general decline in cognitive function in later years.

Pershad (1979) investigated whether younger subjects aged 20-40 yrs. and elderly subjects aged 41-70 yrs. differed with regard to acquisition, retention recall (forgetting), and learning dissimilar pairs of words. Both retention and retentive recall were poor in elderly subjects, and

both groups differed significantly with regard to initial learning on a paired-associate tasks, but gains from trial to trial were not significantly different.

Pershad and Wig (1977) developed the PGI Memory Scale for Memory Testing in the elderly subjects (Pershad, 1976; Pershad & Wig, 1976) with two-sub tests i.e., “Delayed recall” and “Verbal retention for dissimilar pairs”. These two were selected because they have been demonstrated to be quite simple and acceptable to the general population in the Indian context and they were also found to have low correlation with intelligence test scores (Pershad, 1976). The same scale was administered (Pershad, 1979a) on young and elderly subjects concluded that the retention and retentive recall both are affected by the aging process, and the retentive recall is more affected. Pro-active interference is not found to be significantly different in the two groups. Younger and elder subjects differ with regard to initial learning, but benefit from trial to trial is not significantly different. Prior to this, Isaacs and Aktar (1972) developed “The Set Test” to measure the mental functions of the normal elderly and one that is not dependent on the subject’s cultural and educational background. It is good for use in clinical and epidemiological setting (Anuradha et. al., 1991) and for normal elderly (Dubey & Verma, 1991) while assessing memory in the aged.

Using a battery of psychological tests on Indian elderly (Verma et. al., 1992) found significant intercorrelations among the tests but of moderate degree at best, suggesting that they are contributing their share more or less independently to the mental status (evaluation) of the elderly. Same tests were administered (by Kohli et al., 1992) on depressive elderly (55+) and it was found that they not only showed higher depression scores, but also low mental efficiency, general orientation, memory and general information level than normal aged.

Language aging is a natural outgrowth of an area of research called Geriatric Psycholinguistics. Sharma et. al., (1992) emphasized the importance of study of language in the elderly. They found an age related decline. They strongly recommend in-depth study of the elderly adult’s language and an examination of features, which can be accounted for due to age related changes in the elderly adults. Agrawal and Kumar (1992) in a 3 phase study with 20-80yr. old males and females (20-65yr) studied gender differences in everyday memory problems, the effect of age, sex, task complexity and sensory modality on the speed of information processing and the explicit role of factors as causes of cognitive changes with increasing age. Analyses showed that significant changes occurred with age in everyday memory capacity. Older and aged males showed a decrease in memory problems, while females showed an increment in memory problems.

Dubey (1996) developed Cognitive Dysfunctioning Scale, which is applicable in clinical settings of Neurology and Psychiatry as a routine mental examination. It evaluates higher mental functioning. Gupta and Kaur (1996) in a study of episodic memory in young and elderly found that elderly females performed significantly better than elderly males in inferential processing.

Memory in Old Age: Current Scenario in India

The overall findings of age deficit in information processing are attributed to general age related slowing and reduced working memory and attentional capacity (Gupta & Srivastava, 2000).

In the logical information task the subject is expected to recall the given material in the same sequence. The results on memory for logical information suggest that the mean ideas recalled by the subjects in the older age groups (80+) actually decreased with age. The mean number of ideas generated on a given passage was 6.52 in 80-89 age group, but it was 12.14 in 60-69 group. It is relevant to consider some observations made on passage recall. The presentation of stimuli and organization of information are important factors in interpreting differences in overall performance on ideas recalled from a passage (Jamuna et al., 1999; Lalitha, 2001, 2005).

In digit span tasks, the subjects are required to recall the digits in a forward manner (Forward digit span) and digits in the reverse order (Backward digit span). The overall trends suggest that there is a decrement in the memory performance of forward digit span and backward digit span. The results showed age related deficit in memory for backward digit span tasks. It was found to be greater than that of the forward span (Jamuna et al., 1999; Lalitha, 2002, 2005). In the letter span task also the elderly subjects were asked to reproduce the same span of letters. The mean letter span in the sample was found to be 3.84 in 60-69; 2.58 in 70-79; and 1.91 in 80-89 years. The general trend in the performance in working memory indicates that there is a deterioration of performance with increasing age. It is clearly manifested in the comparison of 60-69 with 80-89 age-groups (Jamuna et al., 1999; Lalitha, 2000, 2005).

The results on working memory and gender differences show that males were found to perform better than females in all the sub-facets without exception. The locality trends suggest that the urban elderly have performed better than the rural; the more educated performed better than the less educated. In the Personal current information and Orientation tasks it was found that young-old, male, urban, those with education those who are with spouse showed better performance, compared to their counterparts. In the Mental control tasks it is evident from the data that the mean scores on mental control decreased with increasing age. (Jamuna et al., 1999; Lalitha, 2000, 2005).

In word association, there are negligible differences in all the sub-groups. The trends in the performance on semantic memory indicate that the older adults showed slower processing than younger groups in all the stimulus conditions. In the light of this observation it is relevant to mention some of the findings reported in the area of semantic memory research (Jamuna et al., 1999; Lalitha, 2000, 2005). The trends on verbal memory indicate that the oldest-old, the female elderly, the rural elderly and those without formal education, and those who are widowed performed poorer than their other counterparts (Jamuna et al., 1999; Lalitha, 2000, 2005).

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The age decline in elderly adults may be due to a production deficiency or performance decrement generally due to lack of practice in imaginal mediators, once they are out of touch with formal educational settings. In fact many studies stated that if production deficiency is involved, the age related paired associate learning should be largely overcome through the effective use of instructions and training. Elderly persons do begin to use imaginal mediators particularly after the practice on a number of paired associates lists. Greater age deficits were observed in spatial memory than in verbal working memory but provide no evidence of an age deficit in susceptibility to interference by secondary tasks. Several studies indicated that hard associates and visual reproductions were found to decline in later life (Lalitha, 2001).

As mentioned by the researchers probably the associative connections that exist between words could be altered or could be lost with age. This adversely affects the lexicon's organization. As a result, the distance between related words could increase or decrease and in turn there will be a change in the meanings of various words. However, supportive evidence is still needed on this. The findings on age differences (i.e., 80-89 performed the tasks poorly than 60-69) is consistent with the notion that the ability to allocate capacity in working memory to more than one task decreases with age. Considering the immediate recall of digits, ideas and letters in this facet, repeating items over and over works well (for e.g., digits, words) if one only needs to keep information in mind for a relatively brief period through making connections with information already in memory. It is relevant to discuss an important point on age differences in the speed of efficiency as reported in several information processing models. As per the information processing model, control or computational processes operate roughly in a similar way for young and old. But the individual differences are exhibited in the efficiency and speed of processing.

Cognitive failure was negatively related to the measures of intelligence and I-E control and positively relates to anxiety (Dwivedi, 1988; Dwivedi & Misra, 1991; Lalitha, 2009). In contrast, the measure of memory beliefs yielded a positive relationship with internal control and scores on standard progressive matrices and negative relationship with external control and anxiety. These findings implicate that memory beliefs are importantly linked with personality and intellectual functions.

Studies on socio-demographic correlates of memory among older persons, (Jamuna & Ramamurti, 2000; Jamuna et al., 1999; Lalitha, 2000) found that the variable education was the main predictor of the performance in various facets of memory. In all the cases, education was found to be an important contributor to the explained variance. Age found to be an important predictor of performance in the facets of working memory (viz., logical information, memory for digit span and word span). Examination of mental control tasks revealed that performance was poor in females than male elderly, rural than those of urban, less educated than those of more educated, widowed than non-widowed. It is reported that on memory for mental control tasks, older persons often experience difficulties in understanding and remembering spoken and written language (Jamuna et al., 1999; Lalitha, 2000, 2005).

Remote memory was better in the 60-69 age group than in 70-79 and 80-89 groups. The subjects living in urban areas, male, those with more than high school education and with college education and those who are living with spouses performed better than their other counterparts (Jamuna et al., 1999; Lalitha, 2000, 2005). Especially while interpreting the age decrements in remote memory performance, one needs to be careful because it is often hard to know whether the episode that the subject recalls is from the ancient. Failure to recall past events might be either due to an inability to retrieve the information or due to a failure in the first instance to register it strongly. This issue needs to be considered especially while comparing elderly with young subjects.

While interpreting the autobiographical memory, one must take into account socio-cultural and developmental determinants of memo ability and internal mechanisms of the cognitive system. The age differences in episodic recall, may be due to age related differences in the executive skills required for optimal performance on the given test. Over time, the memory for past events becomes less vivid and loses detail (Cohen, 1996). Information that is stored and not accessed from remote memory appears to become increasingly difficult to retrieve, with the passing years. This apparent truism is not supported by data on remote memory.

It is generally believed that subjects with moderate to high income will have certain benefits and facilities. In a country like India where majority of the elderly are living below or just above the subsistence level, the economic status of an incumbent plays a pivotal role in well being. Also, the economically sound persons have comparatively better access to educational facilities and experiences of modern technological advancement. This would put them at a decided advantage compared to those who are economically less sound (Lalitha, 2000, 2005).

Role of Psycho-Social Factors and Memory

The possible relationships between memory and some psychological factors are, perhaps more complex, but intriguing nonetheless. The studies on adult intelligence and personality or self belief variables (for e.g., self-esteem, internal and external locus, mental health and social supports) suggest that close or possible inter dependent relationship is obvious (Lalitha, 2000; Lalitha & Jamuna, 2004a).

Among the psychological variables in association with different facets of memory, the highly correlating variables were self-rated memory, self-esteem and locus of control with the exception of logical information and the free word association. The moderately (and negatively) correlating variables were psychological health and physical health with an exception of free-word association. The low correlating variables were social supports and lastly life stress with an exception of letter span. A general observation in this regard is that the one facet of memory

viz., free word association was least correlating with psychological variables (Lalitha, 2000). Many studies reported that mental health may have a significant effect on learning and memory. It is evident that elderly exhibit higher levels of anxiety than young adults in testing and exhibit poor performance in memory tasks (Lalitha & Jamuna, 2004a, 2004b, 2006).

Sometimes a really failing memory might taunt the person and make him believe that his/her memory 'is' failing and as a result his/her self-rated memory may also become poor. Similarly if self-perception of memory is bad, it might to that extent affect and reduce his/her self-esteem. Therefore, it should be born in mind that self rated memory and self esteem on the one hand and actual memory (real) performance on the other mutually interact and influencing each other. They could form a vicious circle. This goes to show that while interpreting the performance on memory tasks these factors should be reckoned.

It is very common that both old and young people often complain of a poor memory. Some find it very difficult to remember names or numbers and quickly forget them again and others find that they cannot recall old familiar names of people, things or places. Nevertheless, people also grow apprehensive about their poor memory, observing an increasing decline in mental powers or inability to keep pace with demands of their daily life.

It is evident from the researches that visualizing an object ensures acknowledging and creation of a visual understanding of the object. Visualization is an important component to all the task-specific strategies, so it may be mastered before moving on to the next step of process. Association is the second strategy used in the memory interventions for the subject. Association is the incorporation of the object to be remembered into an individual's current form of work (or) with another item to be remembered. The strategy of association requires the individual to combine two or more things that the subjects want to remember in a meaningful way. Practice is an important component in mastering these strategies and achieving optimal performance.

Intervention results further showed that there were no pre and post test differences in control group, though there is a slight improvement in the performance of memory for digit backward and paired associates without any interventions, but the differences were not significant. The quantum of improvement after interventions was significantly high in experimental group (Lalitha, 2005). These results demonstrate the efficacy of interventions in improving memory for digit span and verbal memory, between pre intervention and post intervention scores among the elderly in an Indian sample (Lalitha, 2004, 2005).

The findings of memory research have important implications for a country like India, where seventy million elderly live and few such studies have been carried out. Therefore, the application of large-scale interventions to improve the memory function in these elderly would go a long way in reducing their functional and psychological dependency. Thus, it has both practical as well as policy implications in the Indian setting. We need simple practical tips, based

on studies, on how to improve memory function in the common elderly. Such tips are the need of the hour. All the activities of the elderly are based on an apparently failing memory. If only the practice of tips can bring a little improvement, it will instill more confidence, boost their self-image, improve their social status and better their quality of life.

In summary, the aforementioned studies on memory researches in India indicate that the early studies concentrated on the development of memory scales for the Indian aged and the focus was shifted gradually on memory performance in various facets like working memory, semantic memory, and remote memory viz., episodic and autobiographical and pictorial memory. Also some studies have focused on psychosocial constituents (socio-demographic and psychological factors) of performance in the aged. There are only few studies on memory interventions and their efficacy. Though there are no contributions on theoretical perspectives on memory in the Indian aged yet the empirical studies are a good beginning and it is hoped that the theory based researches will ensure in due course.

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Problems and Issues Related To Mother of an Only Child in India

Disha Chaudhari¹

ABSTRACT

In a nation like INDIA where ‘Chieftain’ is very important word with every one, it is a hard challenge for a mother to grow their children even if she is having family to support her. Many parents get confused about having a single child or more than one. They generally facing some questions like ‘Never have just one child!’, ‘Are only children happier?’, “The Best Reasons for Having More Than One Child” and many more. They often get confused about deciding whether have a single child or more that they could not decided what is better for their child. So this article is all about the problems and its solution related to single child and her mother as parent.

Keywords: *Mother related Issues, Child, India*

Parents generally think that having only one child is much easier for them than having two or more children. But in actual it is a fact that they are having a more difficult time because the onus of entertaining the child falls entirely on the parents. As I researched, I see many parents who decided to have only one child, and they seem awfully peaceful! They often give lots of attention to the one child, which means that the only child must feel extremely loved and attended to.

Having only one child also allows the parent to be more used to the individual emotional needs of the single child because there isn't another child whose needs take the parent away from the other child. The fact that the parents of only children have more time and energy to become and stay attuned to the child shouldn't be overlooked, because attunement to the emotional needs of a child is crucial for positive emotional and cognitive development in children kids often feel that their strongest ally and most trusted partner in the family system is their sibling or siblings — even if they sometimes fight and insist that they dislike each other. So mother as a parent of only child need to make a strong relation in between her and her child that child does not feel alone in the relation.

As a working mother of a single child it is a tough job for her to give equal time to her work and her family with a good care to her child. It is always been an issue for working mother to give valuable time when child actually needed it because she cannot neglect her work as well.

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It is also a fact that a couple who having only child they always need to think about their child but in actual situation working parents make the kid conform to their life not the other way or not the way child wants to be. It is always been a problem for a single child that he sounds more like an over controlled little adult person that most of his day time he has to be with his work at school or alone at home or with one parent alternatively.

Mothers as a parent of a single child they must choose to live a life style that is child oriented not more adult oriented because child with no siblings is always totally dependent on their parents. Mother in the family always thinks to have a sibling for her child to share all sorts of problems with.

As family is important to the socialization of children, it plays an important role in the development of children's intellect and personality Western scholars Toni Falbo and Denis F. Polit (1986) have noted the three discrete discrepancies between only children and children with siblings.

- First, children with siblings often exchange amongst each other their respective academic and social experiences – an advantage that single-children lack.
- Second, single-children tend to be dominated more by self-seeking instincts, commanding more attention in their individual homes.
- Third, because parents tend to treat their single-child the way standard parents treat their first-born (with more vigilance and care due to inexperience), single-children will generally be more reliant on their parents and less independent.

Compare to children with siblings of the same age single children have superior It could be that parents of only-children tend to demonstrate higher care and caution when raising their children – to the point that such children often adopt a more active and enthusiastic stance toward group-orientated activities.

In other words, the most important factors in any child's development are not whether they have a brother or a sister, but whether their parents have a good education and adopt the right values for the family. It is unavoidable that only-children will have experience certain things differently from children with siblings. Also, it is often believed that because only children and their parents often share a higher level of intimacy, their parents will be more attentive to the needs of their children; they would make a greater effort to maintain good relations and be more supportive toward their children's personal and academic endeavors.

Researchers at China's Center for Children Development showed in the 1980's that parents of only-children, on the whole, have a higher level of expectation for their children's career and academic achievements. Mercy and Steelman (1982) have also reported that only-children spend more time with their parents than do non-only children. Lewis and Feiring (1982) have also found that single-children are more inclined to communicate with their parents, often with greater confidence and versatility in their conversations.

Problems and Issues Related To Mother of an Only Child in India

Furthermore, many single children often lack a means to channel their stress (as they don't have a close sibling-confident), which might lead to long-term problems. The type of pressure placed on only children by their parents might lead to irrevocable consequences, and only gradual communication and societal modifications (such as increased organized social affairs) might lead to the amelioration of such issues. This may not be as easy as it seems.

However, it is undeniable that single children will create a different society for China. And for the betterment of that society, we must first enhance single children's opportunities and abilities at social communication, interaction, and development.

There's no better peer to learn from than a sibling. It's the first person you have to share with, starting with mom and dad. Whether the little one watches the older sister negotiate another piece of cake after dinner, or they both have regular knock-down drag-out fights, this is the relationship that gets you ready for the real world.

CONCLUSION:

In the end of this article I suggest some of the point that will help mothers of a single child in a way that both enables and encourages. That way the child will be able to develop their personality and not be overly impinged by the adult world they find themselves in.

- As your child is an only child to your family let him be a child only don't expect more from him, don't give him responsibilities that he need to be a 'little adult'
- Mother should not tell her child that you are not going to spoil them because you will probably make them feel they are losing out.
- As a only child in family, mother is a closest person to child with whom child like to share all his experiences, feelings, liking and disliking. So make them feel you can say anything to me as
- am your mother, It is being a problem for mother to give time for her child as he Is almost living alone if mother is doing job.
- Encourage your child to join groups etc so they can interact with lots of different children with interests similar to theirs.
- Don't overprotect your child or expect too much independence too early.
- Encourage your child to take responsibility for aspects of their life and be aware that many only children feel overly responsible for their parents well being.
- Remember your child will be much more sensitive to your needs than you may imagine – so let them know you have a life outside of them.
- Make your child sometimes wait for things they want, or you will set up expectations of *instant gratification* which is hard for them to unlearn once they have relationships.
- Don't encourage your child to be the centre of attention – it can be very painful when they go out into the real world.

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Stress Management among Adolescents

Deepa K Damodaran¹, Varghese Paul K²

ABSTRACT

Childhood experiences deeply influence a young person and profoundly affect emotional and physical health later in life. The present study aims to determine the stress and the stress manifestations among adolescents (N= 46), and the effect of Progressive Muscle Relaxation Technique on stress. Data were collected using stress rating scale and stress manifestation checklist from adolescents (N= 46) who were selected through convenience sampling from a selected school in Udupi, Karnataka. Results revealed that majority of adolescents (63%) experienced moderate stress specifically in the interpersonal domain. Psychological manifestations were more and depression (70%) was the most common manifestation experienced. Analysis using paired sample t test showed that there was significant reduction in stress and stress manifestations after the intervention revealing the effectiveness of Progressive Muscle Relaxation Technique on stress. Results suggest the need for early recognition and management of adolescent stress.

Keywords: *Adverse childhood experiences, Stress, Progressive muscle relaxation, Adolescence, Stressors, Mental health*

Stress is a way of life in the present world. Childhood experiences deeply influence an individual and profoundly affect emotional and physical health later in life. It is learnt that childhood adversities and the associated stress are very common and early trauma and stress lead to predictable patterns of brain development, traits and behaviours. Adolescence is the transition period between childhood and adulthood and it is a period of stress and strain (Byrne, Davenport, & Mazanov, 2007).

A number of biologic and environmental stressors such as demands of school, physiologic changes, and adversities like family conflicts and responsibilities, and an uncertain future place adolescents at risk for emotional problems (Lamb, Puskar, Sereika & Corcoran, 1998). The impact of unresolved stress may be manifested as depression, eating disorders, elimination disorders, suicidal behaviour and dissociative disorders (Bhola & Kapur, 2000), anxiety, poor concentration, aggression, physical illness, substance abuse etc. Identification of adolescents' stress and stressors is very important and helpful for planning and implementing health promotion as well as prevention programmes in the natural setting of the school. Interventions to

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manage stress include relaxation techniques which require little effort and may be used at any time. There are several forms of relaxation techniques that include a number of practices such as progressive relaxation, guided imagery, biofeedback, self-hypnosis, deep breathing exercises etc. Adolescents are often helped by interventions to deal constructively with stressors in their lives. It is very much necessary to understand the stressors faced by them and their management of stress. A self controlled stress management technique such as relaxation technique that adolescents can use themselves is thought to be very much beneficial for them. Progressive Muscle Relaxation Technique focuses on tightening and relaxing each muscle group of the body with the goal of consciously producing the body's natural relaxation response, characterized by slower breathing, lower blood pressure, and a feeling of wellbeing.

The present study was conducted with the following objectives: - to determine the adolescent stress, identify manifestations, and also to determine the effect of Progressive Muscle Relaxation Technique (PMRT) on stress and stress manifestations. It was hypothesized that the mean stress and stress manifestations after PMRT will be significantly lower than that of their mean pretest measurement values as measured after one month of supervised practice. The conceptual frame work was developed based on Betty Neuman's model (Memmott, Marett, Bott, & Duke, 2000).

MATERIALS AND METHODS

An evaluative approach with one group pre-test post test design was adopted for the current study. The target population was adolescent students in Schools. Samples from adolescents who met the inclusion criteria were included in the study.

Participants

Sample for the present study was constituted by 46 ninth standard boys ($N = 25$) and girls ($N = 21$) between the age range 13 and 15 selected through convenience sampling from an English Medium Higher Primary School in Udupi District of Karnataka.

Measures

The following arbitrarily constructed and validated tools in English language tested for reliability (test-retest method) were used to collect data: Stress rating scale ($\gamma_{(30)} = 0.9$) prepared based on the stress scale for children by Saunders and Remsberg (Hockenberry & Wong, 1995) and Stress manifestation checklist ($\gamma_{(30)} = 0.84$) to identify manifestations of stress. Demographic proforma to obtain information on age, sex, birth order, type of family and number of members in the family, and modified Srivastava's socio economic status scale to collect information on educational and occupational status of parents and monthly income of the family were also used.

The stress rating scale consists of 38 items with alternative responses such as "almost always", "usually", "rarely" and "never", and the total score ranges from 47 to 143. The total score

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determines the stress level. The stress manifestation checklist consists of 56 items with responses of “yes” or “no”. The total score is the sum of all positive responses.

Procedure

The needed data were collected after obtaining formal administrative permission from authorities, consent from parents and assent from subjects. After explaining the purpose, importance and the nature of the study, assent was taken. Subjects were assured about the confidentiality of the information. On the first day pre-test was conducted by administering tools after giving necessary instruction that was followed by demonstration of PMRT. Following that there was supervised practice of it for thirty days, which was followed by a post test. Participation was voluntary and no compensation was given for participation.

Statistical Analysis

Data were analyzed based on objectives and hypotheses using descriptive and inferential statistics with SPSS 11 for Windows and Epi info 2000. Paired sample t test to test the difference in pre-test and post test mean scores of stress and stress manifestations, and Chi square test to find the association between stress and the selected demographic variables were used to analyze the data.

RESULTS

In the present study, majority of adolescents were 14 year old (80%) first born children (40%) from nuclear families (92%). As indicated in Figure.1 comparison of pre PMRT and post PMRT stress scores reveals that most of them experienced moderate stress.

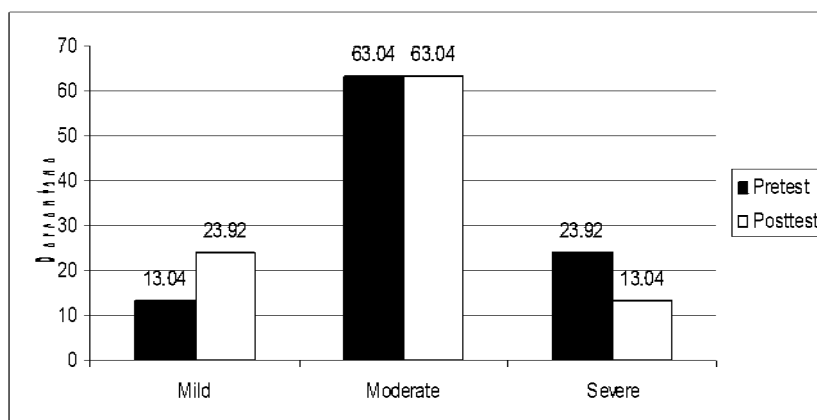


Figure 1: Comparison between pre PMRT and post PMRT stress scores of adolescents

The mean percentage stress score was highest in the interpersonal domain as shown in Figure 2.

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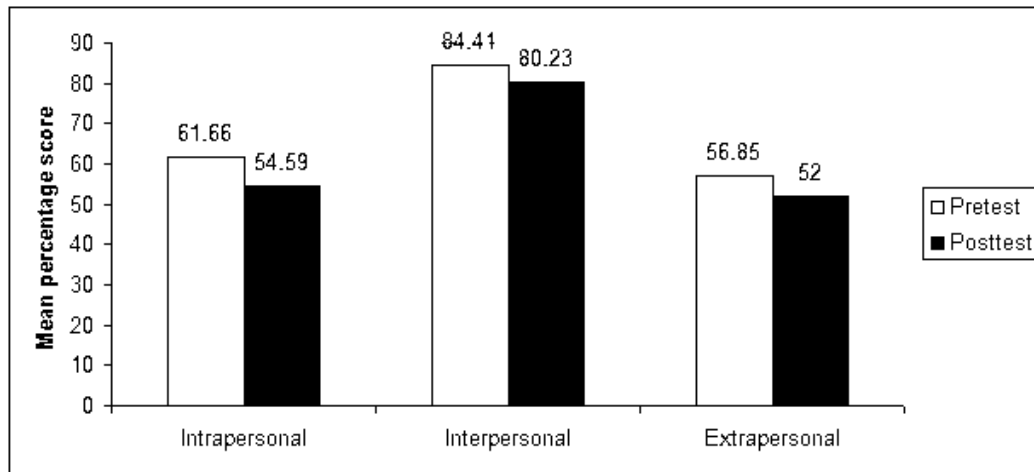


Fig 2: Domain wise comparison of pre PMRT and post PMRT mean percentage stress scores of adolescents

These findings can be interpreted based on supportive evidences from previous studies. Studies examined adolescent stress revealed that overall levels of stress tend to increase from preadolescence to adolescence (Rudolph, 2002) and this is specifically related to interpersonal stressors (Hampel & Peterman, 2006; Hankin, Mermelstein, & Roesch, 2007). Stress within an interpersonal context may be especially strongly related to emotional distress (Rudolph, 2002, Charbonneau, Mezulis, & Hyde, 2009, Hankin et al, 2007). Maladaptive functioning in peer, family, romantic, and parenting roles in adulthood is predicted by the interpersonal dysfunction in early adolescence (Hammen, 2000).

Academic stress is a significant source of stress for many students (Hashim, 2003) and academic failure and low achievement are found to be associated with depression (Faubert, Forehand, Long, Burke, Faust, 1987; Kellam, Brown, Rubin, Ensminger, 1983; Hilsman, Garber, 1995; Kaslow, Rehm, Siegel, 1984). Appearing for examinations, lagging behind in the home work, writing assignment, working on individual and group projects, time pressure, lack of financial support, concern about academic ability, scheduling classes are also identified as stressors for students (Tyrrel, 1992). There is sufficient empirical evidence established on the impact of multiple independent and cumulative stressors, especially in the interpersonal context (Rudolph, 2002) during adolescence. Psychological symptoms including symptoms of depression (Charbonneau et al, 2009; Compas, Connor-Smith, & Jaser, 2004; Shih, Eberhart, Hammen, & Brennan, 2006; Waaktaar, Borge, Fundingsrud, Christie, & Torgersen, 2004) and anxiety (Kim, Conger, Elder, & Lorenz, 2003; McLaughlin & Hatzenbuehler, 2009) are found to be related to it.

In the present study as shown in Figure.3 adolescents exhibited more psychological manifestations than physical manifestations. Majority (70%) of them reported depression as the most commonly occurring manifestation.

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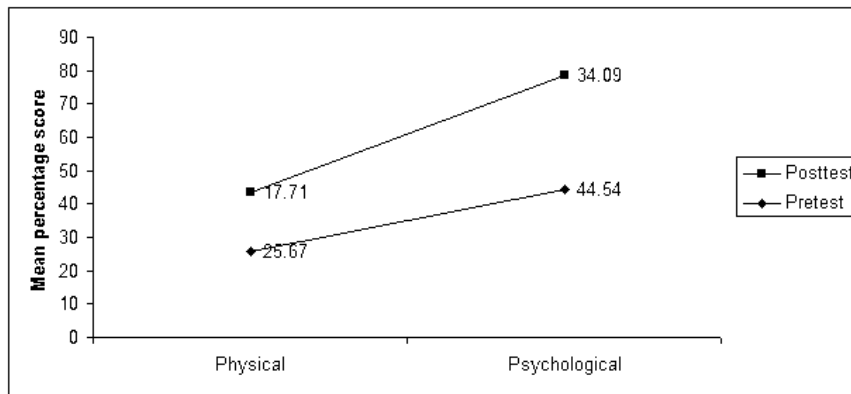


Fig.3 Comparison between pretest and posttest mean percentage stress manifestation scores

Several research studies support this finding through similar observations. Academic stress result in serious psycho-social-emotional health consequences (Scott, 2008) such as depression, anxiety and physical illness (including headache, stomach ulcer, renal problems) in children. Depressive mood is associated with academic problems or low academic achievement (Hilsman & Garber, 1995; Kaslow, Rehm & Siegel, 1984). Reinhold, Laessle & Lindel (2011) revealed that physical symptoms of stress reflect as somatic complaints co-occurring frequently with depression.

Chi square analysis did not show any significant association between stress and selected demographic factors. Thus we accept the null hypothesis that there is no significant association between stress and selected demographic variables under study. This finding is contradictory to the findings from other studies. Costello, Angold, Burns, Stangl, Tweed, Erkanli & Worthman (1996) and Goodman, Huang, Wade & Kahn (2003) reported that children from families with a low social status are at higher risk to suffer from psychological problems. The present finding would have been resulted from peculiarities of the sample.

Table .1 Summary of t test on effectiveness of PMRT on stress

$N = 46$

Stress scores	<i>M</i>	<i>SD</i>	<i>MD</i>	<i>SDD</i>	<i>S_{EMD}</i>	<i>t</i> value	<i>p</i>
Pretest	90.09	12.44	7.94	0.34	1.83	8.8	0.05*
Posttest	82.15	12.78			1.88		

* $p < .05$ level

Table .2 Summary of t test on effectiveness of PMRT on stress manifestations

$N = 46$

Stress manifestations scores	<i>M</i>	<i>SD</i>	<i>MD</i>	<i>SDD</i>	<i>S_{EMD}</i>	<i>t</i> value	<i>p</i>
Pretest	20.93	5.06	5.28	0.04	0.75	10.73	0.05*
Posttest	15.65	5.46			0.80		

* $p < .05$ level

As shown in the Table.1 and Table. 2 it was observed that the difference between pretest and post test mean scores was significant at 0.05 level indicating that PMRT was effective in terms of reduction in stress ($t_{(45)}=8.8$, $p < .05$ level) and stress manifestations ($t_{(45)}=10.73$, $p < .05$ level). PMRT was used as a secondary prevention.

The present findings replicate the findings of other studies and have supportive evidences from them. Rasid and Parish (1998) examined the effects of two types of relaxation training with 55 high school students' levels of anxiety and found that both behavioral relaxation and progressive muscle relaxation techniques produced significantly lower anxiety scores in the experimental group as compared to the control group. The relaxation techniques are effective in reducing the academic as well as social stress of adolescents as established by Nangia and Sareen (2011) and results in the greatest effects on behavioural and self-reported measures of relaxation (Scheufele, 2000). In another study (Lohaus & Hessling, 2003), progressive muscle relaxation technique was found to have a more significant calming effect in children over the short-term (i.e., five sessions) as compared to additional training sessions (i.e., ten sessions). These results suggested that children are capable of learning relaxation techniques over a relatively short period of time. It is an economically and organizationally feasible method also (Cheung et al, 2003; Scheufele, 2000).

Although the findings of the study have significant implications in training parents on effective parenting, training of school authority in early detection and management of stress among students, equipping children in handling stressors and managing their stress, and for mental health professionals to devise and implement child friendly measures to protect children from ill effects of stress, these findings have to be interpreted in the light of following limitations. First of all, the method of sample selection was not random. Secondly, results cannot be generalized as only one setting was involved. Thirdly, the investigator exclusively used self constructed, self rating scales for children. Fourthly, parents' or teachers' ratings on stress could not be evaluated. Fifthly, there was no control group in the study. Lastly, there was no follow up evaluation conducted.

CONCLUSION

The present study reveals that adolescents experience moderate stress and an economic, easy intervention like PMRT is useful to relieve it. Of all life-stages adolescence is the potentially tumultuous transition period. Chronic stress in childhood and adolescence can lead to lasting changes in the structure and function of the brain because it occurs during sensitive periods of brain growth and development. There is empirical evidence that stressful life experiences predict increases in psychological problems over time. Unresolved stress in childhood and adolescence leads to physical and psychological problems and risk taking behaviour and poor coping skills in adulthood. Thus, investigating more on the stress, stressors and its outcomes are helpful for planning and implementing health promotion as well as preventive strategies during adolescence.

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The Impact of Socio Economic Status on Emotional Intelligence and Creativity among Tribal Adolescent Students

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ABSTRACT

The present study is an attempt to investigate the conjoint off impact of Social Economic Status towards the prediction of Emotional intelligence and Creativity among tribal students. Accordingly, 100 tribal samples, 50 boys and 50 girls of VIII, IX & X class from Vivekananda Tribal Centre for learning (VTCL), Hosahalli, H.D.Kote, Mysore. The Socio Economic Status scale by Meenakshi (2004), Emotional Intelligence by Upinder Dhar (2010), and creativity test by Wallach-Kogan. The results revealed that High Socio Economic Status students have more Emotional Intelligence and creative than the Low Socio Economic Status Students. Girls and boys have same level of Emotional Intelligence and Creativity. In Emotional Intelligence is no differences in three community students but in creativity Yerava Students have more creative than the other two community students.

Keywords: *Socio Economic Status, Emotional Intelligence & Creativity, Tribal adolescent's students.*

The term, “tribe” originated around the time of the Greek city-states and the early formation of the Roman Empire. The Latin term, “tribes” has since been transformed to mean, “A group of persons forming a community and claiming descent from a common ancestor”.

The range of meanings however, has grown even further over the intervening years, for example, “Any of various systems of social organization comprising several local villages, bands, districts, lineages, or other groups and sharing a common ancestry, language, culture, and name”. Morris (1980) also notes that a tribe is a “group of persons with a common occupation, interest, or habit,” and “a large family.”

Today, the range of groups referred to as tribal is truly enormous. Not everyone however, can be deemed to be a member of a tribe. Those peoples who resisted joining in larger nation state entities were soon labeled by the nation states themselves to be “tribes.” These people were “known to the world at large by names that have no relation to their own self-appellations.

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Tribal religion in Karnataka

Tribal communities constitute about seven percent of the total population of India. These communities have variety and complexity in the belief systems as well as religious practices. Even these religions have historical antecedents which are documented in their oral epics and songs.

Tribal communities too have their legends about the birth and meaning of the universe. According to a scholar, tribal people believe that “The ultimate purpose of life is the creation of a meaningful order through imitation of the celestial model transmitted by myths and celebrated in rituals.”

Karnataka has a sizable population of tribal people. There are 34.64 lakhs tribal's distributed in various regions of Karnataka as per 2001 census. Raichur and Bellary contain large number of tribal communities. Toda, Beda, Soliga, Hakki-Pikki, Konda Kapu, Koraga, Bhils, Chenchu, Gonds, Maleru, Badaga, Hasala, Meda, Iruliga, Jenu kuruba, erava and siddis are some important tribes of Karnataka. All of them profess some religious beliefs and practice many rituals. A series of monographs published by Karnataka Sahitya Academy under the stewardship of Baraguru Ramachandrappa provide ample information about these tribes. Tribal religions and rituals are under constant pressure from the major organized religions. Some of this pressure is imposed deliberately and the rest is a consequence of exposure to the forces of modernization. In general, the tribes that remain geographically isolated are able to retain their traditional cultures and religions longer. On the other hand communities that are either nomadic or live in the periphery of civilized life are prone for drastic changes. Most of the tribal beliefs and rituals are highly localized and they are not influenced by the major religions. Attempts to influence them are foiled by changing the very fabric of the legends and stories to suit the tribal world. Consequently one finds tribal versions of Ramayana and Mahabharata scattered all over the country.

Many a time tribal customs and rituals are appropriated by the established religion and what emerges is a civilized version of tribal practices. Many Gods now worshipped by one and all were once the exclusive property of the tribal's. The attitude of tribal communities towards nature is now perceived as eco friendly and regarded highly. Many tribes worship tribal deities as well as the Gods of the Hindu pantheon. For instance Kadugollas, who worship gods such as Junjappa, Mattapan, Patappa, and Catalpa, are equally devoted to Siva, who is a part of their festivals and religious observances. Cult heroes from the past are also raised to the level of Gods and worshipped accordingly. Bedanayakas (Beda Nayaka) of Karnataka, worship Papanayaka, a deity supposed to have lived 300-400 years ago, as a holy man among them. He is attributed miraculous powers. Siddi community of North Canara which migrated to Karnataka from Africa has shed most of its original beliefs and adopted other religions. Now there are siddis belonging to Hinduism, Islam and Christianity.

Tribal Population in Karnataka

The tribal population of Karnataka increased to 34.64 lakh in 2001 from 19.16 lakh in 1991. The decadal growth rate during this period is a high 80.8 per cent, caused not by a spurt in fertility rates but by the addition of several new TRIBAL ADOLOSCENTS to the Scheduled TRIBAL ADOLOSCENTS (ST) category. The decadal growth rate is higher for females (81.9 per cent) than for males (79.8 per cent). The highest decadal growth rate occurred in Mysore district (around 328.0 per cent), Bagalkot (261.6 per cent), Dharwad (201.1 per cent) and Belgaum (193.0 per cent). The decadal growth rate is negative in Dakshina Kannada (-2.9 per cent). Raichur (18.1 per cent) has the highest percentage of ST population followed by Bellary (18.0 per cent), while Chitradurga (17.5 per cent), which had the highest percentage of ST population in 1991 came down to third place in 2001 on account of its bifurcation. The reverse is true of Raichur. Bellary has the highest population of Scheduled TRIBAL ADOLOSCENTS as a percentage of the ST population in the state (10.6) .

Sex ratio in Karnataka

The sex ratio for scheduled tribal adolescents (972), is higher than the all-India average (964) for as well as the state average (965), according to the 2001 census. There has been a perceptible improvement in the sex ratio of tribes since 1991, when it was 961. Among the southern states, Kerala performs well with 1,021, followed by Tamilnadu (980), Andhra Pradesh is below Karnataka with 971. The child sex ratio for the 0–6 age group is also higher (960), than the state average of 946. Culturally, there is greater gender equity among the scheduled tribal adolescents compared with the general population, which is largely shaped and driven by a male-dominated discourse that priorities son preference.

Across districts, one impressive finding is that Udupi (1023), has a sex ratio higher than Kerala's followed by Kodagu and Bagalkot (996), while Bangalore urban, typically, has the lowest sex ratio (913), followed by Haveri (941), Dharwad and Bijapur (944), and Bidar (950). In Bellary, which has the highest proportion of its population to the state's population, the sex ratio is 985 while Raichur, which has the highest percentage of population to the total population, is in fourth place with 993.

Socio economic status of tribal adolescents in Karnataka

Historically, the tribal economy was based on subsistence agriculture and/or hunting and gathering. However, since the tribal people treated land as a common resource, they rarely had land titles, and thus, lost their lands to outsiders when exploitation of forest resources began to take place on a significant scale. This ensured that a majority ended up as small and marginal landholders.

The 2001 Census data reveals that around half the ST population is in the workforce. Women constitute about 41.7 per cent of the workforce. More than 85 per cent of the working population

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is in rural areas. The distribution of main workers (76.4 per cent) is concentrated in the rural parts of the state where a high 51.5 per cent work. Bellary has the highest percentage of main workers (11.5 percent) followed by Raichur (7.8 per cent). The highest percentage of ST marginal workers lives in Raichur (11.7), which also has the highest proportion of the ST population to the total population, clearly indicating their highly precarious livelihood status.

Emotional intelligence in tribal adolescents of Karnataka

Regarding the emotional state of adolescents, Goleman (1995), cited that “there is a world-wide trend for the present generation to be more troubled emotionally than the last; more lonely and depressed; more angry and unruly; more impulsive and angry and more nervous and prone to worry.” The tribes are economically inferior, uneducated at times and are less exposed to the modern world. Being the earliest inhabitant of the country, they have maintained a distinctive life style for centuries. Unfortunately the isolation has kept them out of mainstream and made them easy prey to exploitation (Talesara 1994) and when they are forced to get along with the mainstream culture, they don’t get adjusted easily. Kundu (1984) stated that lack of education and deprivation that these tribes face due to poverty may result in frustration both in personal as well as social relationships thereby resulting in poor self concept and low self esteem.

Creativity in Tribes

Creativity is common factors for all human being but in tribal people are different compare to common human being because of their culture, tradition, festival and painting, weaving and pottery, marks and their sculpture.

METHOD

Statement of the Problem

To study the impact of Socio-Economic Status on Emotional Intelligence and Creativity among Tribal Adolescent Students

Need of the study

Travel people are having their own history on the earth. They are entirely different from other peoples. Therefore, going to conduct a study on their Socio-economic Status levels have they are living? How much money they earn and how much they spend for their life? They given more importance to money or not? This money increases their Socio Economic Status Level so this factor is how influencing on their Emotional Intelligence and Creativity. Its explain the impact of Socioeconomic Status on their Emotional Intelligence and emotionally how they are? And creativity also we measure Total ambition of this study is how Socio Economic status is influence on tribal students, Emotional Intelligence and Creativity.

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OBJECTIVES

- To know the impact of Socio-Economic Status on Emotional intelligence and Creativity among tribal students.
- To understand the Gender and Age differences in Emotional Intelligence and Creativity in Tribal Students.
- To identify the Emotional Intelligence and creativity in different tribal community students.

HYPOTHESIS

- H1** – There is significant effect /impact of Socio Economic Status on Emotional Intelligence and Creativity among tribal students.
- H2** – There is significant differences in Emotional Intelligence and Creativity in Girls and Boys Tribal students
- H3** – There is a significant difference in different class students in their Emotional Intelligence & Creativity.
- H4** – There is a significant difference in Emotional Intelligence and Creativity indifferent age group of tribal students.
- H5** – There is a significant difference in Emotional Intelligence and Creativity in different tribal community students.

Sample Design Tribal adolescent students

Gender		Class			Community			Total
Boys	Girls	8	9	10	Jenu Kuruba	Kadu Kuruba	Yerava	
50	50	28	30	42	49	26	25	100

Variables

- Independent variable : Socio – Economic Status,
Tribal Adolescent Boys and Girls
- Dependent Variable : Emotional Intelligence, Creativity

Sample

The sample consists of 100 from the different Haadi in H.D.Kote. In 100 samples, 50 from Girls, 50 from Boys in different class students from the sample selected from Vivekananda Tribal Centre for learning (VTCL) in Hosahalli, Biramballi Post, H.D.Kote.

For the reason of this testing we taken permission from the Head Master and education officer VTCL Sargur.

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Procedure

The test were administered to the adolescence tribal students in 10 Groups, 10 Subjects per group. Data collection was done in two sessions. In the first Session the Rapport was established with the Tribal Students and they were asked to introduce themselves. During the interaction with the teachers active cooperative from the Respective Class Teachers sought to get more conclusive environment with the tribal students. In the second session started after the first session with the 5 minutes rest, in this session first we administered socio economic status questionnaires, its taken 20minutes per group totally they taken 2 hours 40 minutes. After this questionnaire students taken 5 minutes rest & then we administered Emotional Intelligence questionnaires this also taken 10 minutes/group totally they have taken 1 hour 40 minutes and finally we administered creativity questionnaire its duration was also taken 15 minutes per group totally they have taken 2 hours 30 minutes. Total Time taken is 6 hours and 45 minutes for their response.

Finally this research data collected was done in a day.

Tools Used in the Study

Meenakshi (2004), Socio Economic Status Scale (SESS). This scale consists of 7 Parts and Part-I consists of education, II part Profession, III Part monthly Income, IV Part total wealth is cash this every sub scales consists of 10 Items and V part measures property is this scale consists 5 items, Part VI measures surrounding locality its consists 21 items and last part measures social status its consists 5 items.

Upinder Dhur (2010), Emotional Intelligence Scale (EIS). This scale consists of 34 items and its measures is differentiated factors like self ownerness, empathy, Self-motivation, emotional stability, managing relations, integrity, self development, value orientation, commitment and altruistic behavior.

Creativity Test

Creativity test is designed to measure the level of creativity (verbal and non verbal), based on Wallach –Kogan creativity test.

Statistical Techniques

In this study, we used some statistical methods for analysis and discussion. They are mean, SD, t-value and ANOVA are used.

RESULTS AND DISCUSSIONS

Table: 1 values of mean, SD and t-value to show the effect of Socio-Economic Status on Emotional intelligence and creativity. (N-100)

Group	Emotional Intelligence		Creativity	
	HSES	LSES	HSES	LSES
Mean	48.84	44.94	49.10	44.90
SD	7.31	7.92	8.27	6.85
t-value	*2.5634		*2.7699	

***Significant at 0.01 level HSES- high socio economic status LSES- low socio economic status**

The above table shows that, the Mean & SD of Emotional Intelligence & Creativity in High Socio Economic Status & Low Socio Economic Status the Mean and SD of Emotional Intelligence in High Socio Economic Status is 48.84 and 7.31, and Mean Score of Low Socio Economic Status is 44.90 & 7.92 respectively. It shows that who have High Socio Economic Status they are good in their Emotional Intelligence. And who have low Socio Economic Status they are poor in their Emotional Intelligence. They are more Emotional Intelligence it shows that High Socio Economic status students are have more emotional intelligence than the Low socio economic status students. The calculated t-value is 0.01 level. It is significant at 0.0001 level. Therefore, the “formulated hypothesis is that “There is Significant impact of Socio Economic Status on Emotional Intelligence in tribal Students”. Hence, the formulated Hypothesis is strongly accepted. The result shows that Socio Economic Status is Highly Impact on Emotional Intelligence in Tribal Students. Who have high socio economic status they are good in emotional intelligence because of their family factor, environmental factors is good & their parents are economically high and they got all facilities from media and other channels. So emotionally they are balanced but who have low Socio Economic status they are poor in their emotional intelligence, because of their poor financial level, they doesn’t get any facilities, they are not good in their emotional intelligence.

In Creativity in High Socio Economic Status Mean score is 49.10 and 8.27 and low Socio Economic Status is 44.90 and 6.85 respectively. It shows that who socio are economically good they are good in their creativity also. The t- value of creativity is 2.76 it is significant at 0.01 level.

The “formulated hypothesis is that there is significant impact of Socio Economic Status on tribal Students Creativity”. The formulated hypothesis is accepted. The social and economic levels of the tribe communities are not homogenous. But they are at different levels of variability, but cannot be uniform. The development schemes have to be devised in the light of socio-cultural factors and economic needs of the tribes in each region and sometimes each community. The

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socio cultural matrix of tribal communities in our country exhibits distinct systems and traditions. Among the tribal communities, traditional values and social ethos play an important role and significance of social, cultural factors cannot be ignored in formulation of schemes for their all round sustainable development. **Kaur (1992)**, was studied the interrelationship between creativity, intelligence and academic achievement of 11th grade boys and found that relationship between creativity and intelligence was low but positive; academic achievement commonly influenced the correlation between creativity and intelligence; relationship between creativity and intelligence was non linear; low positive relationship existed between creativity and academic achievement; creativity commonly influenced the correlation between academic achievement and intelligence; the relationship between intelligence and academic achievement was linear.

Table: 2 shows values of Mean, SD and t-value of shows the differences of Emotional Intelligence and Creativity of Tribal Students in related to Gender. (N-100)

Group	Emotional Intelligence		Creativity	
	Girls	Boys	Girls	Boys
Mean	137.24	141.65	1.83	2.07
SD	17.89	16.92	0.57	1.26
t-value	*1.2636		*1.2480	

***It is not significant**

The above table shows that, the Mean & SD of Emotional Intelligence in tribal Girls is 137.24 and SD is 17.89. It shows that girls have high level of emotional intelligence. In boys the Mean score is 141.65 and 16.92 respectively. it shows that boys have high level of emotional intelligence than the girls. The calculated t-value of Emotional Intelligence is 1.26, it is not significant. Therefore, the formulated hypothesis is that “there are significant differences in their Emotional Intelligence. Hence, the formulated hypothesis is not accepted, but, according to Emotional Intelligence scale. More than 85 that is High level of Emotional Intelligence. In this Research, both have high level of Emotional Intelligence. But, According to result there is no significant differ. Because, in adolescent’s tribes was found to be poor and differ in Gender, the probable reason behind this may be attributed to the adherence of tribes to their culture. A strong sense of community belongingness in them and confinement to their cultural values and norms may restrict them to get involved with the changing outside the world. Tribes are primitive and prefer living in isolation. i.e. in remote areas or deep forests. Which generally cutoff from other civilized areas. Hence, the tribal’s have limited contact with near the city people and society. The habit of isolation helps to preserve them to their social customs and traditions to a larger extent.

Especially Girls in tribes they are very traditional and they are strictly following customs and another important thing is they have no freedom in their family because they are lower the

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Emotional Intelligence than the boys, and family type also be a factor for lower Emotional Intelligence. As tribes have a family of precautions in which nuclear family setup is coming. In joint families adolescents find more opportunities to develop personal, interpersonal and social adequacy and thus become more emotional stable. These results are in time with Audichya (2005), who found that adolescents develop culturally defined traits. In tribes the parents prepare their children's for arranging the basic physiological needs only these culture do not address the emotional needs to be developed. This can be supposed by Maslow (1976), as that he stated that when physiological needs are not met, psychological needs take a backseat. Thus in tribal culture; less stress is given on emotional skills enrichment and hence, resulting in poor level of emotional intelligence away tribal adolescents. Table No.2 shows that the Mean score of girls is of creativity in tribal girls is 1.83 and SD is 0.57. Creativity in boys 2.07 and 1.26 respectively. It shows that Boys have more creative than the Girls. The t-value of creativity is 1.24. It is not significant, therefore, the formulated hypothesis is that "there is significant differences between girls and boys in their creativity" hence, the formulated hypothesis is not accepted. According to result there is no significant differ, because in Adolescents tribes was found to be poor and differ in gender. The probable reason behind this may be attributed to the adherence of tribes to their culture. A strong sense of community belongingness in them and confinement to their cultural values and norms may restrict them to get involved with the changing outside the world. Tribes are primitive and prefer living in isolation. i.e. in remote areas or deep forests. Which generally cutoff from other civilized areas. Hence, the tribal's have limited contact with near the city people and society. The habit of isolation helps to preserve them to their social customs and traditions to a larger extent.

Girls in tribes they are very traditional and they are strictly following customs and beliefs another important thing is they have no freedom in their family, because they are lower the Creative than the boys, and family type also is a factor for lower Creativity. Different manifestations of the impact of culture on creativity are discussed and illustrated by empirical studies. They include: (i) conceptualization of creativity on both the explicit and implicit levels; (ii) attitudes towards creativity and values attached to creativity; (iii) channeling creative endeavor through different domains of human activities; and (iv) socialization processes and educational goals and practices. It is argued that creative expression is a universal human phenomenon that is firmly grounded in culture and has its own profound impact on culture itself. The effects of culture on creativity.

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Table-3: Values of Mean, SD and t-value to show the differences in Emotional Intelligence & Creativity of different class Tribal Students (200)

Group	Mean	SD	N	F- Value
Emotional Intelligence	X	145.11	17.4	*2.87
	IX	140.17	16.5	
	VIII	135.14	17.4	
Creativity	X	2.21	1.38	*2.656
	IX	1.77	0.47	
	VIII	1.75	0.51	

*** It is significant, at 0.05 level**

The above table Shows that the Mean and SD of Emotional Intelligence in different class Tribal students. The Mean & SD score of Emotional Intelligence in Xth Standard Tribal Students is 145.11 and SD is 17.4. It shows that Xth Standard students have high level of emotional intelligence. In IXth Standard Tribal Students Mean Score is 140.17 and SD is 16.5. And in VIIIth Standard Tribal Students mean is 135.14 and SD is 17.4 respectively. It shows that Emotional Intelligence is different from different classes. Here it shows that Xth Standard students have more emotional intelligence compare to VIIIth and IXth Standard students. The F-value of emotional intelligence is 2.87. It is significant at 0.05 level. Therefore ,the “formulated hypothesis is that there is significant differences in different class students in their emotional intelligence”, hence, the formulated hypothesis strongly accepted but according to Emotional Intelligence Scale more than 85 score that is high level of Emotional Intelligence in this research.. In this research, they have high level of Emotional Intelligence. According to result it’s differ from the different classes. The adolescent tribal students are differe from class to class here Xth standard students are have free from feelings And VIIIth Standard students have high emotional intelligence according to norms but compare to IXth and X^h Students they are emotionally stable. Because of the reason is the person take emotional decision depends on his experience and age factors. And depends on the age factors students learn which are right or wrong. Especially on Tribal Students age factor is influencing very much. The Authors Table No.3, shows that the Mean & SD of Creativity in different classes in tribal students are from VIIIth Standard Students Mean is 1.75 and SD is 0.51 and in IXth Standard Tribal Students Mean is 1.77 & SD is 0.47 and finally Xth Standard students mean is 2.21 & SD is 1.38 respectively. It shows that creativity is different classes. Here it shows VIIIth Std students have low creativity compare to IXth Std, but IXth Std students have less creativity compare to Xth Std students. The F value of creativity is 2.65. It is significant is at 0.05 level. Therefore, “the formulated hypothesis is that there is significant difference in different class students in their creativity”. Hence, the formulated hypothesis is accepted, and according to result it’s differing from different classes therefore it is significant. Because the age factor of tribal students is influencing on their creativity and its depend on the classes. It compare to VIII and IX standard, Xth standard students are more creative.. Because of age factors and level of intelligence. Especially in tribal

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students are very creative but depends on the age factor they are more creative the result are in time with Gakhar, S.C.E' Manhas, K. D.(2006), "Emotional Intelligence as correlates to intelligence, creativity and academic achievement", Department of Education, Punjab University, Chandigarh. The study would reveal significant trends as to the degree an extend of predictability and relationship of Emotional Intelligence, Creativity and academic achievement and will motivate the educationists and curriculum framers to design academic as well as other activities in a way that those will foster the ability of adolescents to face challenges of life right from the school stage. The present study was conducted on a sample of 400 XI class male and female adolescents from government and private schools situated in urban and rural areas of Jammu and Kashmir. It was found that there is positive general intelligence and Emotional Intelligence ($r=208$) also from the result, adolescents creativity was positively and significantly correlated with their Emotional Intelligence ($r=610$) there is also significant positive correlation is also obtained between academic achievement and Emotional intelligence($r = 0.128$) .

Table: 4 Shows the Values of Mean, SD and t-value to show the differences in Emotional intelligence and creativity in different age group Tribal students.(N = 100)

Group	Emotional Intelligence		Creativity	
	12-15	16-19	12-15	16-19
Mean	135.04	143.79	1.82	2.08
SD	16.92	17.24	0.46	1.28
t-value	*2.5735		**, 1.3227	

***. It is significant at 0.01 **. It is not significant**

The above table Shows that, the Mean and SD of Emotional Intelligence in different Age Groups of Tribal Students In age group of 12-15 mean score is 135.04 and 16.92 and in 16-19 age group is Mean score is 143.79 and 17.24 respectively. It shows that 16-19 age groups have more emotional intelligence compare to 12-15 age group students. The calculated t-value of Emotional Intelligence is 2.57. It is significant at 0.01level. Therefore, "the formulated hypothesis is that there is a significant difference on Emotional Intelligence in different age group of Tribal students". Hence, the formulated hypothesis is strongly accepted according to emotional intelligence scale more than 85 score that is high level of emotional intelligence. In this research, they have high level of emotional intelligence but according to result, it differs from different age group but especially in 16-19age groups tribal students are high in emotional intelligence compared to 12-15 age group tribal students. Because it depends on their age group, and environment, family factors also influencing them. Cooper and Sawaf (1997), define emotional intelligence as the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, connection and influence. Mayer and Salovey(1993) define emotional intelligence as the ability to monitor one's own and others feelings and emotions to discriminate among them, and to use this information to guide one's

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thinking and action. Emotional intelligence involves the ability to perceive accurately, appraise and express emotions; the ability to access and generate feelings when they facilitate thoughts: the ability to understand emotions and emotional knowledge and intellectual growth.

Table No.4 Shows the Mean & SD of Creativity in different Age In 12-15 Age groups Tribal students Mean score is 1.82 & SD is 0.46 and 16-19 Age group Tribal Students is 2.08 & SD is 1.28 respectively. It shows that 16-19 age group students have more creative compare to 12-15 age group Tribal Students. The t-value of creativity is 1.32. It is not significant. Therefore, “the formulated hypothesis is that there is a significant difference of creativity in different Age group in Tribal Students”. Hence, the formulated hypothesis is not accepted. According to result it is not significant because of their age group in Adolescent Tribal Students are creative but compare to their age groups who are having 16-19 Age group they are more creative than the 12-15 Age group students. Age factor influenced on creativity. Therefore, it depends on the level of Environment, Family, Age group are influencing their level of creativity.

Table: 5. to shows the values of Mean, SD and t-value to show the differences in Emotional Intelligence and Creativity in different tribal community students.

Group		Mean	SD	N	F- Value
Emotional Intelligence	Jenu Kuruba	139.38	20.60	35	* 1.53
	Kadu Kuruba	138.97	16.00	35	
	Yerava	139.73	15.00	30	
Creativity	Jenu Kuruba	1.72	0.49	33	** 3.816
	Kadu Kuruba	1.82	0.48	35	
	Yerava	2.33	1.54	32	

*** It is not Significant**

**** Significant at 0.01 level**

The above table shows the Mean and SD of Emotional Intelligence in different Tribal Community Students. The Mean and SD score of Jenu Kuruba is 139.38 and SD is 20.60, and in Kadu Kuruba Mean score is 138.97 and SD score is 16.00 and finally in Yerava Mean score is 139.73 and SD score is 15.00 respectively. It shows that Jenu Kuruba and Yerava Tribal Community Students have more Emotional intelligence than the Kadu Kuruba. The t-value of Emotional Intelligence is 1.53. It is not significant. Therefore, “the formulated hypothesis is that there is significant difference in different tribal community student’s in Emotional Intelligence”. Hence, the formulated hypothesis is not accepted. But, according to Emotional Intelligent Scale. More than 85 score i.e. high level of emotional intelligence. In this research, they have high level of emotional intelligence. But, group there is no significant differ. Because, tribal peoples have limited contact with the city peoples. Since their childhood they doesn’t know how to react their feelings and emotions. Because it’s causing of their daily life style and their work influences. Depend on their Family and Peer groups and Social Contact. And creativity Shows the mean and

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SD of different tribal community students. The mean and SD of creativity in Jenu Kuruba is 1.72 & SD is 0.49 and in Kadu Kuruba Mean is 1.82 & SD is 0.48 and finally Yerava Mean is 2.33 & SD is 1.54 respectively. It shows that Yerava community students have more creativity than the Kadu Kuruba and Jenu Kuruba community students. The t-value of creativity is 3.81. it is significant at 0.01 level. Therefore “the formulated hypothesis is that there is a significant difference in different tribal community student’s creativity”. Hence the formulated hypothesis is strongly accepted according to result also it is significant at 0.01 level. The reason is tribal community people are creative because of their genetic; environmental a family factors are influencing their creativity. Yerava are more creative because they are away from Forest Areas and have contact with civilized peoples.

CONCLUSION

The survey research aim to investigate the impact of socio-economic status on emotional intelligence and creativity among Tribal students. It shows tribal peoples Socio Economic status towards their emotional intelligence and creativity in Mysore district and HD kote rural areas especially in Tribal colony the study provides sample evidence that the overall Socio Economic Status of these Students shows Emotional and Creativity are depend on their Socio Economic Status.

The socio economic status of tribal students is highly impact on their emotional intelligence and creativity and in emotional intelligence and creativity in tribal boys and girls both is same. No differences between them and the emotional intelligence and creativity between class students x students are emotionally stable and have more creativity compared to VIII and IX std students and in age group, 16-19 age group tribal students are emotionally stable and more creative compare to 12-15 age group of tribal students. Finally, in tribal community peoples, especially Yerava Community students are have more emotional intelligence and creativity compared to Kaadu kuruba and Jenu Kuruba tribal communities.

- * HSES students have more Emotional Intelligence and creative then the LSES students.
- * Girls and Boys have same level of Emotional Intelligence and Creativity.
- * In EI there is no difference in three community students but in creativity Yerava Students have more creative than the other two community students.

RECOMMENDATIONS

This section represents recommendations for Tribal Peoples. Tribal peoples are away from society living with their own cultures, customs and traditions. They don’t think their education and socio economic status. They are leading their life without planning. Therefore government and welfare authorities give them more opportunities and to bring them into main stream of society develop, well culture, well establishment of language, Mental health training, psychosocial training, national overseas scholarship, Technical oriented education to children and improve their life style and mind setup.

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A Comparison between Personality Traits and Defense Styles in Teenagers with Avoidant Restrictive Food Intake Disorder and Normal Individuals

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ABSTRACT

Objective: The current study aims to compare the defense mechanisms and personality traits among teenagers with avoidant restrictive food intake disorder (ARFID) and normal individuals.

Materials and Methods: Incurrent casual-comparative study, 220 teenagers with an average age of 16.74 ± 6.08 and age range of 13-17 were randomly selected from among high school students, who were diagnosed with avoidant restrictive food intake disorder in fall 2014 and 220 other peers with matching demographic characteristics were selected as the control group. Both groups were asked to fill Eysenck personality questionnaire and Andrews' Defense Style Questionnaire. Data was analyzed via multivariate analysis of variance.

Results: The average scores of teenagers with ARFID was higher than the control group regarding immature and neurotic defense style, neuroticism and extraversion; with respect to mature defense style variable average scores of teenagers with ARFID was lower comparing to control group. Thus, it can be concluded that there is a significant difference between personality traits and defence styles of teenagers with ARFID and normal teenagers.

Keywords: *Personality Traits, Defense Styles, Avoidant Restrictive Food Intake Disorder (ARFID)*

Avoidant Restrictive Food Intake Disorder (ARFID), which was added by American Psychiatric Association to Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V, 2013) as a new diagnostic measure, was known as feeding and eating disorders in Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV, 2000).

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People with this disorder restrict their food intake to the extent that the basic needs of body are not met and a lot of weight and energy is lost (Ganji, 2013). This disorder occurs in children who avoid eating, merely because they want to win an argument or gain something (Zamani & Habibi, 2014). People with this disorder may damage their health condition drastically due to their selective, choosy and restrictive eating habit (Ganji, 2013).

Avoiding food intake rarely occurs in normal situations and could be a big threat to health condition of the child but not as much as in ARFID (Zamani & Habibi, 2014). This disorder is a deliberate behavior on the side of the child with the aim of controlling parents and it is also related to anxiety or depression (Ann, Sheri, & Johnson, 2012).

DSM-V(2013) lists the following as the diagnostic criteria for ARFID: An eating or feeding disturbance (e.g., apparent lack of interest in eating or food avoidance based on sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with significant weight loss, significant nutritional deficiency, dependence on enteral feeding or oral nutritional supplements and interference with psychosocial functioning. The disturbance is not better explained by lack of available food or by associated culturally sanctioned practice.

One of the main issues concerning youth health is identity formation. Adolescence is usually said to begin from age 12-13 and to be continued until age 20 (Zamani et al., 2014). Adolescence is a period between childhood and adulthood; as adolescents in modern societies need to master a lot of developmental tasks and skills, this period lasts around ten years (Adrian, 2012). Developmental tasks of this period include acceptance of the rapid physical maturation, acquiring rational thinking abilities, reaching emotional and sometimes financial independency, learning appropriate communication skills with both sexes and most importantly, forming a coherent identity and gaining the sense of identity (Zamani et al., 2014).

Identity formation and acquiring appropriate skills to cope with the difficulties in the path of identity formation maintain a significant impact on teenagers' health and wellbeing (Jamilian et al., 2013). One of the ways to cope with identity formation, stress and anxiety is adoption of defense mechanisms.

Defense mechanisms are automatic regulation processes, which work to decrease the cognitive incongruity and minimize the drastic changes with respect to both inside and outside realities by altering the perception of threatening events (Vaillant, 2014). Coping techniques called defenses are various ways to cope with the natural discontentment in life and their adverse consequences; they may help people not to surrender to the situations (Holmens, 1994). In order to manage the challenges throughout life course, people tend to form defenses from early childhood (Fist & Fist, 2012).

A Comparison between Personality Traits and Defense Styles in Teenagers with Avoidant Restrictive Food Intake Disorder and Normal Individuals

Freud coined the concept of defense mechanisms in 1926 for the first time (Freud, 1905/1953) and his daughter Anna Freud improved the concept later on. Anna Freud brought about the first comprehensive and systematic study on defense mechanisms in her book *The Ego and the Mechanisms of Defense* in 1936 (Holmens, 1994). Although defense mechanisms are adaptive and everyone uses them, they could lead to obsessive compulsive and neurotic behavior if being used in extreme manner (Freud, 1905/1953). In psychoanalyst, each mental disorder is accompanied by certain maladaptive defense mechanisms (Bond & Perry, 2004). Defenses play a significant role in people's mental health.

Freud considered personal defense style, which is the frequency of individual using defense mechanisms compared to others as the main factor in understanding the personality, psychopathology, and level of compromise. Various studies have confirmed this concept (Jamilian et al., 2013).

Empirical evidence shows that the defense mechanisms and styles could be organized hierarchically (Vaillant et al., 1999). A lot of maladaptive mechanisms and styles are related to the negative health measures, such as personality disorders and depression (Zamani et al., 2014).

Based on Vaillant's hierarchical categorization of defense mechanisms, the twenty mechanisms were divided into three categories of "mature", "immature", and "neurotic". Mature defence mechanisms are considered as adaptive and functional, while neurotic and immature defence mechanisms are maladaptive and dysfunctional coping methods (Vaillant, 2014).

When anxiety becomes overwhelming due to the unmet needs of id, that if met the person will have to face with the punishment from both the society and the conscience, defense mechanisms are employed. Defense mechanisms have some characteristics in common. For instance, most of the time they are applied unconsciously, and they are often accompanied by distortion, denial, and shift in reality and lead to self-deception. They all have a coping power and help the person to adapt unfavorable situations. Extreme use of defense mechanisms is a sign of the incompatibility of the personality (Freud, 1905/1953b).

All people use defense mechanisms and a moderate use of them could ease coping with difficult and stressful situation.

The use of defense mechanisms shows maladaptation, when it happens constantly and in the absence of rational judgment. Studies show a relationship between immature and neurotic defence styles in adolescents (Jamilian et al., 2013) and assert that psychological variables that have an impact on adolescents' tendency towards the defense mechanisms are personality characteristics. The stress-diathesis theory shows how differences in characteristic, motivational, and environmental factors affect the personality. Due to lack of studies in comparing the defence

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mechanisms among teenagers with different personality traits, current study was conducted in order to compare personality traits and defense mechanisms in teenagers with ARFID and normal individuals.

METHOD

Current study is a fundamental research with the aim of explaining the relationship between events and adding to the existing knowledge in the field of defense mechanisms and because different groups are being compared, the overall design of the study is descriptive causal-comparative design. The population of the study is consisted of families of all individuals who had the inclusion criteria based on DSM-5. Sample of the study consisted of 220 teenagers with average age of 16.74 ± 6.08 , who were selected by random sampling from among middle school and high school students with ARFID and 220 normal matched peers, in fall 2014. Three hundred girls and 140 boys were selected according to inclusion criteria: 1) Age range of 13-17 years, 2) No illness or eating disorder, 3) Diagnosis of ARFID.

Questionnaires and measures:

Andrews' Defense Style Questionnaire: This questionnaire was designed based on the hierarchical pattern of defense mechanisms with 88 items in order to examine 24 mechanisms and it empirically assesses the conscious aspects of defense styles in daily life (Andrews et al., 1993).

By the use of factor analysis methods, Bond and Colleagues(2004) introduced four defence styles of 1)maladaptive, 2) image-distorting, 3) self-sacrifice and 4) adaptive styles. Furthermore, they studied the relationship between the defense styles in four groups of psychopathologies and also studied a group of normal people. Results were not satisfactory; thus, Andrews and Colleagues (2007) used DSM III-R to design a 40-item questionnaire. This questionnaire assesses twenty defense mechanisms in three levels. Cronbach's alpha coefficient for the mature, immature, and neurotic mechanisms in the Persian form founded to be 0.75, 0.73, and 0.74 respectively among sample of students. That was 0.74, 0.74, and 0.72 among male students and 0.75, 0.74, and 0.74 among female students. This shows an adequate internal consistency of the Persian form of the Defense Style Questionnaire (Cramer, 2000).

Eysenck Personality Questionnaire: Eysenck Personality Questionnaire (EPQ) is a questionnaire, which assesses the personality traits of a person. Two forms of the questionnaire were designed; one for children between 7-15 years and another for 16 year olds and above. The latter form was used in the current study. This questionnaire contains ninety yes/no questions (Afzali et al., 2008). In order to determine the reliability and validity of the questionnaire, Eysenckcarried it out separately twice and calculated the validity and reliability. The internal validity coefficients (Cronbach's alpha) was $r=0.78$ for the men's psychoticismdimension, $r=0.90$ for extraversion, and $r=0.88$ for Neuroticism. The numbers were respectively $r=0.76$, $r=0.85$, and $r=0.85$ among women. According to WHO(2015), among Iranian population; results of the test-

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retest in two months period, were reported as $r=0.72$ for psychoticism, $r=0.92$ for extroversion, and $r=0.89$ for neuroticism.

Both groups were asked to fill out Eysenck Personality Questionnaire and *Andrews' Defence Style Questionnaire*. Data was analyzed by the use of multivariate analysis of variance.

RESULTS

The descriptive statistics of the studied variables are presented in Table 1.

Table 1-Descriptive Statistics of the Studied Variables Separated by Groups

Groups	Variables		Mean	Standard Deviation	Number
Defence Styles	Immature	ARFID	108.74	29.31	220
		Normal	78.35	28.09	220
	Mature	ARFID	73.15	20.13	220
		Normal	95.08	24.24	220
	Neurotic	ARFID	146.12	24.75	220
		Normal	74.01	20.79	220
	Psychoticism	ARFID	17.00	3.54	220
		Normal	12.07	4.44	220
Personality Traits	Neuroticism	ARFID	21.19	5.69	220
		Normal	9.27	3.89	220
	Extraversion	ARFID	19.19	5.57	220
		Normal	23.24	4.66	220

In order to compare the defense mechanisms and personality traits in people with ARFID and normal people, multivariate analysis of variance was used. One of the preconditions of this analysis is the equality of the variance of errors. Levene's test result showed an equality between the variances and multivariate analysis of variance showed a significant difference ($P<0.01$, $F=7.25$, Wilks's $\lambda=0.78$).

Table 2-Results of Multivariate Analysis of Variance for Comparing Defence Mechanisms and Personality Traits in the Two Groups

Variables		Sum of Squares	Degree of Freedom	Mean of Squares	F	Significance
Defence Styles	Immature	387.87	1	387.87	5.87	0.089
	Mature	135.09	1	135.09	4.84	0.065
	Neurotic	375.18	1	375.18	5.79	0.091
	Psychoticism	89.24	1	89.24	6.94	0.056
Personality Traits	Neuroticism	98.87	1	98.87	7.25	0.054
	Extraversion	76.81	1	76.81	8.29	0.067

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As table 2 presents, there is a significant difference between the two groups in all the variables.

DISCUSSION:

The current study aims to compare the defence mechanisms and personality traits in teenagers with ARFID and normal teenagers. Results show that adolescents with ARFID use the immature and neurotic defense mechanisms more than the normal population. Defense mechanisms may have an important role in psychopathology and formation of different psychiatric disorders. According to the psychoanalytic theories, any type of psychopathology is marked with specific maladaptive defence mechanisms.

Freud's psychoanalytic theory had an enormous impact on both theory and practice of psychology and psychiatry, on our image of the nature of human beings, and on our understanding of personality (Afzali et al., 2008). Psychoanalytic models believe that people possess an inner world that has a strong influence on their thoughts, feelings, and behavior. Our inner world is formed by our feelings, memories, ideas, and fantasies (Baker, 1993). Freud believed in three levels of consciousness: conscious, subconscious, and unconscious (Green, 2003). The conscious mind works on the surface, beneath it is the subconscious, which has different depths. Having access to some of the information in the subconscious level is fairly easy. Unconscious is underneath the subconscious and is a storage for anxiety awakening information that are too distressing to enter consciousness such as sexual drives, anger, defense mechanisms, and some sensitive memories and feelings (Bond & Perry, 2004).

People from their defences early in life, in order to manage the inevitable challenges of being human (Holmens, 1994). Thus, these defenses play an important role in personality formation. According to psychoanalyst theories, people use certain defense mechanisms when faced with stress. These styles are divided into four groups of immature, neurotic, narcissistic, and mature mechanisms (Vaillant, 1999). Each of these styles are linked to certain defense mechanisms. The quality of family and emotional relationships and the degree of vulnerability towards pressure, dramatically affect people's use of defense mechanisms.

Generally speaking, people with mental disorders use immature and maladaptive defence mechanisms compared to the normal population that adopt more mature mechanisms (Cramer, 2000). Although defense mechanisms are normal and almost everybody uses them, if used in excess they could lead to obsessive compulsive and neurotic behavior. Creation and maintenance of the defence mechanisms takes energy; hence, the more defensive people are, the less mental energy they have left for meeting impulses of the id. Ego is responsible in creating the defense mechanisms with the aim of avoiding a direct contact with instinctual desires and defending the self against anxiety (Freud, 1905/1953). Defense mechanisms distort the reality. The more immature and neurotic the defenses are, the more distortion they cause. The more a defense

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mechanism distorts reality, the less conscious it becomes and less effort is done to resist the cognitive distortion (Afzali et al., 2008).

Vaillant (1999) believes that the automatic defense mechanisms work to decrease the cognitive discordance and minimize sudden changes in the inner and outer reality, by affecting the perception of threatening events. According to him, if emotional and cognitive information are not processed and assessed correctly, one's system of affects and cognitions does not function correctly. Thus, the probability of using immature defense mechanisms increases in stressful circumstances. Because defense mechanisms alter our perception of self; hence, immature defense mechanisms may become a barrier in the way of people's perception of reality and interfere with their ability to defend themselves in a rational and effective manner and consequently it may decrease their insight capacity.

Basically, this study showed that the defense mechanism that is used most frequently by those with ARFID, is the neurotic defence mechanism and it is actually used twice as much compared to the normal population. These results are consistent with Nickel and Egle's (2006) study, investigating whether adolescents use these mechanisms more frequently or not. Jamilian and Colleagues (2013) showed that emotionally suffering people and those who are not pleased with their personality have high scores in reaction formation and undoing mechanisms that are also neurotic defense mechanisms.

Results also revealed that teenagers with ARFID have the lowest scores in mature defence mechanisms. Mature defense mechanisms play a protective role for the self-esteem, while immature mechanisms by excessive distortion cause the ego to lose integration (Huang et al., 2006).

Furthermore, the results also showed that teenagers with avoidant ARFID get high scores in neuroticism. As Eysenck (1985) showed in his stress-diathesis theory, people with high scores in neuroticism answer to the environmental stressors with more severe emotional responses and higher levels of brain arousal. As a matter of fact, people with higher levels of neuroticism have less control on their impulses compared to others and cannot cope with stress effectively. Therefore, when they face the problems, instead of finding a solution to regulate their emotional state and reduce the perceived stress, they tend to show precarious behavior.

Studies show that neuroticism factor is a measure for emotional instability. Feelings like fear, sadness, irritation, anger, and guilt are bases of this measure. Presence of negative feelings has destructive impacts on people's adaptability. High scores in this item convey weak adaptive state, especially in high stress situations. Nonetheless, high score in this measure does not necessarily indicate a serious mental disorder (Ahmadi et al., 2012). Eysenck (1985) believes

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people with high scores in this measure could be described as nervous, moody, irritable, restless, agitated, irritable, depressed, anxious, shy, inflexible and with low self-esteem.

With respect to the limitations of the study difficulty in generalization can be noted. Due to relative lyheterogeneous sample (regarding ages) and also the random sampling method, the generalization of the results to other groups is difficult. Furthermore, ARFID can be discussed in different pathogenesis approaches with multiple causes; it is possible that in addition to individual issues, interpersonal and social factors, biological factor which were not focused on in the current study also contribute to its formation. As a result it is recommended that similar studies be done in different populations with regard to other risk factors in teenagers' personality formation. As most people with ARFID have deficits in problem-solving and coping skills, necessary measures should be taken in regards to educating people of these issues.

Authors' contributions

NZ and NZ conceived and designed the evaluation and they conducted whole process of this study. MBM and MH collected and interpreted the clinical data and drafted the manuscript. NJ Participated in conducting statistical evaluation. All authors read and approved the final manuscript.

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Declaration of interest

None declared

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Prevalence Rate of Disruptive Behavior Disorders among the Preschool Children

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ABSTRACT

Background: Disruptive Behavior Disorders (Conduct Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder) are one of the most common psychiatric disorders among children. Due to high prevalence of this disorder and its destructive effects on individual's general functioning, the Prevalence Rate of Disruptive Behavior Disorder among the preschool children in Hamedan city was assessed throughout this study.

Method: 602 preschool children were selected via random cluster sampling method. Data of this cross-sectional research has been collected through complied questionnaire based on the DSM-5 Disruptive Behavior Disorder symptoms and CSI-4 test. The data of this investigation has been analyzed and evaluated via SPSS software.

Results: The results showed higher prevalence of Disruptive Behavior disorders (Hyperactivity and Impulsive Disorder (13.78), Attention Deficit disorder (11.79), both Attention Deficit Hyperactivity Disorder (9.63), Oppositional Defiant Disorder (5.31) and Conduct Disorder (4.48)) in boys in comparing to girls.

Conclusion: Among all sub-types of Disruptive Behavior Disorders, ADHD had the highest prevalence among the Children. Due to the high prevalence of ADHD among primary school students and its adverse outcomes, following proper therapeutic/Interventional procedures is advised.

Keywords: Disruptive Behavior Disorder, Conduct Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder.

In some cases, one aspect of child psychopathology may be demonstrative of climax of specific trajectory in comparing to normal range of that aspect in a normal child (Sartorius et al., 2008). There is fine Border between normal and abnormal, which has not been precisely defined. Although, sometimes cutting point may be exact and demonstrative (Zamani, Habibi, 2012).

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Major classifications of children psychiatric disorders are: Developmental disorders, Emotional problems or internalization, Disruptive behavior disorders or Externalization (Sartorius et al., 2008). The 1964 UK Isle of Wight epidemiological survey showed that approximately 7% of children suffer from at least one type of psychiatric disorders in mid-childhood (Ostberg, 1998). This number proved to be lower than actual number and the actual prevalence is two times bigger than aforementioned number (Crinc, Greenburg, 1997). Disruptive behavior disorders are prevalent and disabling disorders, which cause problems for teachers, parents and even children themselves. These disorders are accompanied by so many complications such as social problems; most of the times they are diagnosed in early period of primary school. Furthermore, these disorders affect the child's educational process and they will elevate the risk of mental problems in adulthood in these children (Najafi et al., 2009). Conduct Disorder (CD), Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) can mentioned as disruptive behavior disorders or externalization (Sartorius et al., 2008). Adverse consequences of these disorders are not limited to period of childhood and they also may endanger the future life of these children and their families.

Conduct Disorder (CD) is characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months (Sadock et al., 2006):

Aggression to people and animals: (1) often bullies, threatens, or intimidates others (2) often initiates physical fights (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun) (4) has been physically cruel to people (5) has been physically cruel to animals (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) (7) has forced someone into sexual activity

Destruction of property: (1) has deliberately engaged in fire setting with the intention of causing serious damage (2) has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft: (1) Has broken into someone else's house, building, or car (2) Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others) (3) Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules: (1) often stays out at night despite parental prohibitions, beginning before age 13 years (2) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period) (3) is often truant from school, beginning before age 13 years.

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning (Halgin, Whitborne, 2002).

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According to DSM-IV, existence of three out five behaviors is essential for diagnosis: 1. Aggression and bullying 2. Threatening 3) Intimidating others 4) Staying out at night despite parental prohibitions 5) Onset before 13 (APA, 2008).

Prevalence of this disorder in general population has been estimated between 1-10% and it is 4-12 times more prevalent among boys (Sadock et al., 2006). These children maintain higher tendency toward Alcohol dependency and antisocial personality disorder in their adulthood (APA, 2008).

Oppositional Defiant Disorder (ODD) is one of the most common reasons of children's reference to mental health centers. A lot of children, who demonstrate negative/defiant behavior, tend to find different ways in order to express themselves in their adulthood (Sadock et al., 2006). In ODD burst of anger in child, constant disobey from authority figure are beyond expectation in comparing to normal children. ODD can be identified as, persistent pattern of anger, irritability, arguing, defiance or vindictiveness toward you and other authority figures without violating any serious social norms (Halgin, Whitborne, 2002). Epidemiological studies of non-clinical samples showed that these behaviors could be noticed in 16% to 2% of school kids and its more prevalent between boys in comparing to girls (Sadock, Sadock, 2005).

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopment disorders among children that may persist even till adulthood and it can disturb individual's social life, educational process and it may cause a lot of family disturbances (Barkley, 2010). ADHD, similar to hyperkinetic disorder in the ICD-10 is a developmental neuropsychiatric in which there are significant problems with executive functions (e.g., attentional control and inhibitory control) that cause attention deficits, hyperactivity, or impulsiveness which is not appropriate for a person's age (Sadock, Sadock, 2007). In past it was assumed that hyperactivity is main disabling symptoms of this disorder; nowadays scientists believe that hyperactivity is secondary symptom of impulse control deficit (APA, 2008). Today in diagnosis criteria of ADHD, hyperactivity and impulsivity share common aspect (Barkley, 1997). In the United States, this criteria is defined by the American Psychiatric Association in the DSM. Based on the DSM criteria, there are three sub-types of ADHD:

1. ADHD mainly inattentive type presents with symptoms including being easily distracted, forgetful, daydreaming, disorganization, poor concentration, and difficulty completing tasks.
2. ADHD, predominantly hyperactive-impulsive type presents with excessive fidgetiness and restlessness, hyperactivity, difficulty waiting and remaining seated, immature behavior; destructive behaviors may also be present.
3. ADHD, combined type is a combination of the first two subtypes.

Regarding diagnosis, onset of some of the symptoms should be before 7 years old, however in most cases diagnosis is being made after 7 years old, when this disorder has disrupted the individual's life already (Closson, 2010). In early 1900, this disorder was defined as impulsive children who suffered from neurocognitive damages as encephalitis and it was categorized under

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Hyperactivity syndrome (Conners, 1970). In 1960, heterogeneous group of children afflicted by Akathisia, learning disability and emotional instability without any neurological problems and with minimum brain damage were discussed, after that various hypotheses were discussed regarding this disorder (Sadock, Sadock, 2007). Epidemiological studies in United States showed that 2% to 20% of primary school children are under diagnosis of this disorder (Tamm et al., 2005) and approximately 3% to 7% of this number is diagnosed before puberty. Furthermore, prevalence rate is higher as 1/2 in boys and 1/9 in girls (Bussing et al., 2010).

Since behavioral problems influence all personal/social aspects of afflicted individuals; hence, assessing and identifying various aspects of this disorder in children in order to implement proper prevention/intervention procedure seems to be vital. According to various studies, behavioral problems may persist and even worsen as the child ages. Thus, precise and impeccable intervention plays a substantial role in dealing with these problems. Main goal of this study was to assess the behavioral problems of preschool children in Hamedan City. Hopefully the results may help the clinicians to intervene and implement suitable therapeutic approach in a process of dealing with these disabling disorders.

MATERIALS AND METHODS

Current study is cross-sectional research. Statistical society of this study included all preschool children of Hamedan city during 2013-2014. Current sample included 602 individuals (301 boys, 301 girls), who were chosen via cluster sampling method. Regarding analyzing data, descriptive statistics methods (percentage, frequency) and for comparing gender's proportions (Z test) were used. Data of this cross-sectional research have been collected through compiled questionnaire based on the DSM-5 Disruptive Behavior Disorder symptoms and CSI-4 (Parent Checklist) test. The Child Symptom Inventory-4 (CSI-4) is a behavior rating scale that screens for DSM-V emotional and behavioral disorders in children between 5 and 12 years old. Parent Checklist contains 112 questions and 41 of it are about A, B, C groups which assess ADHD, CD and ODD. Details of group are as explained below:

Group A: ADHD; Attention deficiency sub-type (9 questions), Impulsivity sub-type (9 questions), combined sub-type (18 questions)

Group B: ODD (8 questions)

Group C: CD (15 questions) (Mohamad Esmail, 2001).

Child Symptoms Inventory has been assessed in different studies and its validity, reliability and accuracy have been studied. In a study conducted by Grayson and Carlson (Grayson, Carlson, 1991), accuracy of CSI-3R with respect to ODD, CD and ADHD were reported as 93%, 93% and 77% respectively. Other studies reported correlation of CSI-3R between ODD, CD and ADHD as 66%, 58% and 72% respectively (Gadow, Sprafkin, 1994). In Kalantari and Colleagues study (Neshatoost et al., 2008), validity of this inventory via Bi-Section algorithm was assessed and the result for Parent Checklist and Teacher Checklist estimated to be 91% and 85% respectively. In Mohammad Esmail's study (2001), 9 psychiatrists confirmed content related

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validity of CSI-4. Based on Tavakoli and Colleagues 'study (Tavakoli et al., 2005), reliability of Parent Checklist via retest reliability was 90%. In Najafi and Colleagues' study, reliability of this checklist was via Cronbach's Alpha was estimated as 90%.

RESULTS

Table No1 Prevalence of behavioral disorders in sample group

Disorder	Frequency (Percentage)
Attention Deficit	71(11/79)
Hyperactivity- Impulsivity	83(13/78)
Combined	58(9/63)
ODD	32(5/31)
CD	27(4/48)

Data on Table No1 show the prevalence of Attention Deficit (11/79), Hyperactivity- Impulsivity (13/78), Combined (9/63), ODD (5/31) and CD (4/48).

Table No2 is demonstrating prevalence of behavioral disorders in sample group with respect to severity of disorder.

Table No2 Prevalence of behavioral disorders with respect to severity of disorder

Type of Disorder	Severity		Mild-Severe		Beyond Severe		Total	Mean	SD	Z
	Gender	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage			
Attention Deficit	Boy	37	6/14	53	8/81	90	14/95	6/46	5/38	5/98
	Girl	19	3/15	33	10/13	52	8/64	5/37	4/15	
Hyperactivity Impulsivity	Boy	53	8/81	43	7/14	96	15/95	5/95	3/01	5/85
	Girl	28	4/66	31	5/15	59	9/80	4/41	6/46	
Combined	Boy	61	5/48	39	6/48	100	16/62	9/46	8/26	4/84
	Girl	33	10/13	23	3/82	55	9/13	6/36	6/41	
ODD	Boy	23	3/82	30	4/99	53	8/80	5/17	5/32	5/86
	Girl	15	2/49	20	3/33	35	5/82	4/85	4/25	
CD	Boy	30	4/99	28	4/66	58	9/63	5/78	5/24	4/68
	Girl	19	3/15	15	2/49	34	5/65	4/31	4/02	

According to Table No2, regarding Attention Deficit Z was 5/98; it means that Attention Deficit is more prevalent among boys. With respect to Hyperactivity-Impulsivity Z estimated as 5/85. It again means that Hyperactivity-Impulsivity is more prevalent among boys. As same as Attention Deficit and Hyperactivity Impulsivity types, regarding Combined type (Z=4/84) boys have higher tendency in comparing to girls. Viewing ODD (Z=5/86), meaningful difference is noticed between prevalence of this disorder with respect to gender. It means that boys are more prone to ODD. Considering CD Z (4/68), meaningful difference is noticed between proportions of this

disorder with respect to gender. It means that boys maintain higher prevalence rate toward CD in comparing to girls.

DISCUSSION AND CONCLUSION:

Current study was conducted in order to assess prevalence of disruptive behavior disorder (CD, ODD and ADHD) among preschool children. General prevalence of behavioral disorders estimated as 42/01 in a range of mild to severe. Based on Carr's (Carr, 1999) researches, higher percentages of these disorders are noticed in urban societies rather than rural and western cultures rather than eastern. Based on recent findings, most prevalent behavioral disorders were: Hyperactivity-Impulsivity (13/78), Attention Deficiency (11/79), Combined type (9/63), ODD (5/31) and CD (4.48). General prevalence of ADHD in current study via CSI-4 estimated as 5/95 in boys and 4/41 in girls. Analysis of data showed that there is significant difference between boys and girls regarding Attention deficit disorder and it was more prevalent among boys and this result is consistent with the results of the studies conducted by Bussing and Colleagues (Bussing et al., 2010), Sadock and Sadock (2007), Halgin and Whitborne (2002) and American Psychiatric Association (2000).

For diagnosis, onset of some of the symptoms should be before 7 years old and sometimes parents can't spot this disorder till primary school (Sadock, Sadock, 2005) and teachers notice this disorder by noticing problematic learning function of the child. These children may have lower score in educational progress tests in comparing to normal children. In parents of these children, rate of hyperkinesia, antisocial behavior, alcohol dependency and substance abuse is higher comparing to parents of normal children (Sadock, Sadock, 2007). In current study, ODD was more prevalent among boys and this result is consistent with the results of the studies conducted by Cohen and Colleagues (1993), Sadock and Sadock (2007), Halgin and Whitborne (2002) and American Psychiatric Association (2000). General prevalence of CD is in a range of 2-10% and it may differ based on different methods of collecting data. Proportion between male and female may differ as 1-3 or 1-5 based on age of individuals. Result of current study is consistent with the results of the study conducted by Sadock and Sadock (2007), Halgin and Whitborne (2002), American Psychiatric Association (2000), Anderson and Colleagues (1987), Fombonee (1994) and Carr (1999).

General findings of this study about higher prevalence of these disorders in boys in comparing to girls are consistent with the results of the studies conducted by McGoe and Colleagues (2002), Whitmore and Colleagues (1997) and McDermott (1996). In their studies they discussed role of educational level of family in mental disorders. Higher prevalence of behavioral disorders in boys may be due to higher biological vulnerability of boys in comparing to girls. Since prenatal period, boys are much more prone to prenatal death and it seems that serious diseases, inappropriate diet and nutrition harm boys more than girls.

Prevalence Rate of Disruptive Behavior Disorders among the Preschool Children

Because of small sample size of current study, generalization of the results to other cities or nations with different ethological/cultural/educational backgrounds is inappropriate and generalization should be followed precisely. The prevalence of behavioral disorders among preschool/school children should be studied more and clinicians, teachers and parents should elevate their awareness regarding this spectrum of disorders in order to be able to facilitate impeccable interventional procedures.

Authors' contributions

MH and NZ conceived and designed the evaluation and they conducted whole process of this study. MBM and ZF collected and interpreted the clinical data and drafted the manuscript. All authors read and approved the final manuscript.

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Declaration of interest

None declared

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Robert Hill Perfectionism Scale Standardization among University Students

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ABSTRACT

Objective: This survey was conducted regarding observe validity, reliability and standardization of Robert Hill's perfectionism scale among the university students.

Materials and Methods: The statistical population of this survey included all bachelor students of Tehran Azad University (Central branch) in academic year of 2009-2010 with the age between 20 to 35. Among this statistical population via random cluster sampling, 500 students (310 women and 190 men) were chosen. In this survey, regarding assessing perfectionism scale reliability, factor analysis method was used. Before performing factor analysis, sampling adequacy was proved by rejecting zero hypotheses based on correct matrix homology in society by Bartlett test. Hence, implementing factor analysis was justifiable. In order to check the validity of Hill perfectionism scale, Cronbach's alpha coefficient was used and after deleting unsuitable questions (4-15-19), scale validity coefficient of 0.921 was gained which indicates that perfectionism scale is having high validity. In order to determine the construct reliability, factor analysis was used. Assessment of perfectionism scale was conducted through the principal component analysis and orthogonal rotation. According to results from factor analysis, among 56 perfectionism questions, 6 factors were extracted which justified 47.0 percent of all variables. Factor matrix showed: the first factor is having the highest factor power and share comparing to other factors. In current survey, questions (59, 24, 2, 11, 36, 44, 34, 47, 31, 18, 32, 71) were complex questions, as they tended to have power in various factors. In order to determine perfectionism scale norm for the students, questionnaire scores were determined. Accordingly, perfectionism questionnaire contents were graded based on four scales' items from agree to disagree with grades 1 to 4.

Results: Hill perfectionism scale is having proper psychometric features to be used in Iran society.

Keywords: Perfectionism, Standardization, University Students

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Bernz presented perfectionism concept for the first time as one-dimensional construct. With respect to one-dimensional approach, perfectionist individuals are after flawless results under any circumstances and this may cause them several damages (asserted by Jamshidi, Chari, Haghighat and Razmi 2009). Perfectionism is a collection of very high standards for the performance along with self-negative assessment and criticism (Abolghasemi, Ahmadi Amoli and Kiamarsi 2007). The perfectionist assesses himself in light of the strict criteria and feels emotionally distressed (Alden & Beiling 1993 asserted by Atari and Kareshki 2013). Adler (1963) considered some of the perfectionism aspects advantageous for human and claimed: the attempt to reach perfectionism is innate and it is considered as a part of life and without it life is impossible. From Adler's point of view, attempt to reach perfectionism would be positive and constructive, while it is consistent with social interests and could maximize individual's potential. On the other hand, it would be destructive and negative while the individual utilize it to dominate the others (asserted by Besharat, Karami and Ezheyie 2010)

Different researchers distinguished positive and negative aspects of perfectionism by terms such as: active perfectionism against non-active perfectionism, enabling perfectionism against disabling perfectionism, lucid perfectionism against improper perfectionism, and normal perfectionism against neurotic perfectionism. (Parker 1997, asserted by Besharat et al 2010). With respect to this notion, Estabrook believes that positive and negative aspects of perfectionism should be differentiated. Hence, positive aspect may stand for being perfect and tendency for flawless organization, while negative aspect is about preoccupation and worrying about one self's mistakes.

Although the researchers made diverse tools in order to assess perfectionism, in a survey conducted by (Shafran & Mansel 2001), they noticed that available tools might not be able to explain perfectionism precisely. Thus, need for precise and standard tool regarding assessment of perfectionism seems to be essential. Generally, perfectionism theories and surveys lead to different and sometimes contradictory results. Many researchers believe that it is vital to maintain various tools and questionnaires for different samples with various social/cultural backgrounds (Pasha Sharifi et al 2011). Henceforth, it is worth mentioning that among provided scales regarding assessment of perfectionism, Frost et al scale and Hoit and Frost's scale are more supported in researches comparing to other scales. Although, each of these scales assesses rather different concepts, some of the researchers combined aforementioned scales in order to reach more comprehensive results. Albeit, this combination led to semantic similarity and overlap in some cases (asserted by Jamshidi et al 2009). In response to this necessity, Hill and Colleagues (2004) developed a tool, which could involve all aforementioned factors that former approaches proposed. This tool is in consistent with perfectionism one-dimensional definition and also perfectionism definition as two-dimensional structures and perfectionism multi-dimensional definition (asserted by Pasha Sharifi et al 2011).

It is worth mentioning that hill perfectionism inventory have been applied on students sample in Shiraz/Iran by Jamshidi and Colleagues (1388) but according to literatures, factor analysis is better to be performed among different samples (asserted by Pasha Sharifi et al 2011). Therefore, this survey is conducted with the goal to observe Robert Hill validity, reliability and standardization of perfectionism scale among Islamic Azad University students of central Tehran.

METHOD

The statistical population of this research involved all men and women in bachelor period of university in Tehran/Iran between 2009-2010, who were studying in Islamic Azad University of Tehran (Central Branch) with age range from 20 to 35. In this research, factor analysis method was used in order to observe the reliability of perfectionism scale and as the sample capacity in all multi-variables analysis shouldn't be less than 500 (Homan 2001 page 380), 500 people were chosen through cluster random sampling. Sampling unit was university. According to cluster random sampling, 500 individuals (310 women, 190 men) answered the questionnaires. Questionnaire was conducted in a group form among the university students. Furthermore, the instruction of answering the questionnaire was written on the first page. Regarding more emphasis the instruction was explained to the respondents orally.

Research tools

This questionnaire includes 59 questions and Robert Hill and colleagues made it in 2004. The most appropriate and the best method to scoring Hill perfectionism scale is using Likert model. Items are rated using 4-point Likert scale, whereby 1=Strongly disagree and 4=Strongly agree. High score in this scale indicates high perfectionism sign and low score indicates low perfectionism sign.

In order to use this scale in this survey, mentioned questionnaire was translated from English to Persian and after modifying the questions, the questionnaire was prepared for initial implementation. In next level, the initial form was implemented three times and each time on 50 university students. After analyzing and revising the questions, ultimately the final form was prepared.

RESULTS

To assess validity coefficient of perfectionism inventory, Cronbach's alpha coefficient was used and after ruling out improper questions (4-15-55), validity of 0/921 was attained, which indicates: perfectionism scale is having high creditability.

In order to determine construct reliability of perfectionism scale, factor analysis was used. Observing factor structure of perfectionism scale was done by the principal component analysis and orthogonal rotation. In this survey, KMO (Kaiser Meyer Olkin) Index value of sampling adequacy was 0/822 and Bartlett test of sphere city was equal to 12979/618, which was meaningful statistically and according to both criteria, it could be concluded that: implementing factor analysis would be persuasive based on the resulting correlation matrix in sample group.

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Furthermore, determinant rate of correlational matrix was equal to 0/0000012, which indicated: factors extraction is possible according to data. Furthermore, to determine the number of the factors, Scree sloping chart was used and 6 factors have been used regarding more observation. Table 1 shows the amount of specific values, the percentage of variance explained by each factor and the density of factors.

Table1- the percentage of variance explained by each factor and the density of factors

Factor	Specific value	Variance percentage	Density percentage
1	11.299	20.2	20.2
2	5.399	9.6	29.8
3	2.889	5.2	35.0
4	2.451	4.4	39.4
5	2.265	4.0	43.4
6	2.029	3.6	47.0

According to Table-No1,6 factors were extracted in this study. Respectively, factors justify 20/2%, 9/6%, 5/2%, 4/4%, 4/0% and 3/6% of variance. Other factors maintain inconsiderable share in explaining variance. Therefore, according to explained variance rate, 6 factors are proper for extraction. Considerably, from 56 questions about perfectionism, 6 factors are extracted that explains 47/0 percent of all variables. The special value of 6 factors is shown in Table-No1.

After determining 6 factors and according to explained variance value,in order to reach simple structure and interpret them; orthogonal rotation was implemented with respect to 6 factors. Table-No2 shows simple structure matrix.

Table2-Simple structure matrix for the factors

Question	factor1	factor2	factor3	factor4	factor5	factor6
Q46	742					
Q10	668					
Q26	661					
Q39	647					
Q46	640					
Q57	638					
Q53	612					
Q14	590					
Q50	588					
Q23	563					
Q48	561					
Q42	528					
Q30	518					
Q32	516					
Q38	504					

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Q7	501				
Q47	476	-438			
Q31	440	-405			
Q18	433	400			
Q59	409	388		-332	
Q9		648			
Q51		642			
Q20		617			
Q17		615			
Q45		563			
Q12		550		411	
Q24	507	536			
Q8		535			
Q28		508			
Q25		500			
Q37		424		412	
Q35			801		
Q22			626		
Q27			569		
Q43			486		
Q40			471		
Q44		488	454		
Q36		436	440	388	
Q2		403	412		
Q11			350	337	
Q56			329		
Q54				682	
Q52				603	
Q58				601	
Q21				510	
Q34	332			397	
Q6				317	
Q33					592
Q29					587
Q3					509
Q16					472
Q13					464
Q41					648
Q19					-509
Q1					411
Q5					378

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As it can be inferred from Table-No2, questions 59,24,37,2,11,36,44,34,47,31,18,32 and 71 are complicated questions, as they maintain several meaning and they can be interpreted in various ways. The group of questions which are correlated with one factor and together they form a retail test is as following:

First factor: Question number 49, 10, 26, 39, 46, 57, 53, 14, 50, 23, 48, 42, 32, 30, 38, 7, 47, 31, 18 and 59

Second factor: Question number 9, 51, 20, 17, 45, 12, 24, 8, 28, 25 and 37

Third factor: Question number 35, 22, 27, 43, 40, 44, 36, 2, 11 and 56

Fourth factor: Question number 54, 52, 58, 21, 34 and 6

Fifth factor: Question number 23, 29, 3, 16, 13

Sixth factor: Question number

- 1- Fear of Mistakes
- 2- Tendency toward being flawless
- 3- Performance personal criteria
- 4- Fulfilling parent`s expectations
- 5- Necessity to progress
- 6- Supremacy or tendency toward dominating others

In order to determine perfectionism scale`s norm for the students, questionnaire`s scores were estimated. Accordingly, perfectionism questionnaire notes were graded based on four-point Likert scale from agree to disagree from 1 to 4 scores. The score`s statistical features attained from the questionnaire for each factor and whole questionnaire is illustrated in Table-No3.

Table3-perfectionism score`s statistical features

Factor	means	median	view	standard Deviation	mean error	tensity mean	tensity	skewness error	skewness
1	2/09	2/00	2/00	0/50	0/03	0/79	0/12	0/14	0/24
2	2/77	2/82	2/91	0/54	0/03	-0/60	0/12	0/10	0/24
3	2/57	2/70	2/70	0/49	0/03	-0/39	0/12	0/54	0/24
4	2/52	2/50	2/33	0/51	0/03	0/11	0/12	0/21	0/24
5	2/84	2/80	2/60	0/46	0/02	-0/21	0/12	0/10	0/24
6	2/88	2/75	2/75	2/75	0/02	-0/22	0/12	0/26	0/24
Total	2/48	2/50	2/48	0/36	0/02	0/20	0/12	0/13	0/24

As Table-No3 indicates: factor 3 (performance personal criteria) maintains skewness to left. The first factor (fear about the mistakes) and also the second factor (trend to be flawless) have skewness. The factors4 (fulfilling parent`s expectations), the factor 5(necessity to progress), 6(supremacy) and also the whole questionnaire don`t have meaningful difference with normal distribution.

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Table-No4 is discussing frequency and percentage values of perfectionism plan for the whole questionnaire

Table4 Frequency and percentage values of perfectionism plan for the whole questionnaire

Cumulative	Frequency	Frequency	Score	Cumulative	Frequency	Frequency	Score
84	0	1	2/82	38	2	6	2/32
1/50							
85	1	5	2/84	38	0	1	2/36
1/55							
86	1	4	2/86	39	1	2	2/38
87	1	3	2/88	39	1	2	2/39
1/61							
88	1	3	2/89	41	1	5	2/41
1/89							
89	1	4	2/91	42	1	4	2/43
1/91							
89	1	3	2/93	43	1	5	2/45
1/93							
91	2	3	2/95	44	2	6	2/46
1/95							
92	1	5	2/96	49	5	5	2/48
1/98							
93	1	4	2/98	52	3	3	2/50
2/00							
94	0	1	3/02	54	3	3	2/52
2/02							
94	0	1	3/04	57	3	3	2/54
2/04							
94	0	1	3/05	59	3	3	2/55
2/05							
94	0	1	3/07	63	3	3	2/57
95	1	2	3/09	66	3	3	2/59
9			2/09				
95	1	2	3/11	69	3	3	2/61
96	1	2	3/18	72	2	3	2/63
9			2/13				
96	1	2	3/21	74	0	2	2/64
5			2/14				
97	0	1	3/23	74	1	0	2/66
7			2/16				

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97	0	1	3/25	75	1	1	2/68	26	2	4	2/18
97	0	1	3/25	76	1	1	2/70	27		1	5
2/20											
99	2	6	3/29	77	1	1	2/71	28		1	3
2/21											
99	1	2	3/32	78	1	1	2/73	31		4	14
2/23											
99	0	1	3/34	79	1	1	2/75	31	0	1	2/25
100	0	1	3/39	81	3	3	2/77	33	2	6	
2/27											
100	0	1	3/46	82	1	1	2/79	35	3	10	
2/29											
100	0	1	3/46	84	1	1	2/80	37	1	5	
2/30											

For perfectionism scale scores, category norm was provided with four levels of agreement based on breaking down normal distribution of scores. This category norm is presented on table 5.

Table5-category norm of perfectionism scores

Category Score's mean Raw scores total

Agree3/50 and higher	196 and higher
Relatively agree2/50-3/49	140-195
Relatively disagree1/50-2/49	84-139
Disagree1/00-1/49	83-56

DISCUSSION AND CONCLUSION

This survey is conducted to observe practicality, validity, reliability and standardization of Robert Hill's perfectionism scale among bachelor university students of Islamic Azad University of Tehran. The results of this survey are gained by using factor analysis method and analyzing main factors and also perceptive observation of the hypothesis as following:

The first factor of Hill perfectionism scale, which is worrying about mistakes, is strongly correlated with 20 questions. Accordingly, Hamuchek divides perfectionism into to subtypes: Normal and Neurotic. He believes that neurotic perfectionism is experiencing high level of anxiety about the mistakes and having fear of the other's judgment. The second factor is correlated with 11 questions and shows tendency toward flawlessness. In this regard, Hornai 1934 defines perfectionism as neurotic tendency to be meticulous and flawless. Accordingly, individuals consider smallest sin as unforgivable sin and anxiously, they expect antagonistic consequences regarding their actions. Hollender(1965) asserts: perfectionism shows the individual's interest to understand surrounding area (all or nothing) which could lead to perfect failure or success. The third factor is correlated with 10 questions and shows performance

personal criteria. From Frost and Colleague's point of view, the second dimension of perfectionism includes performance personal criteria and most theorists usually consider this field as the central sign of the perfectionism. As perfectionist tend to maintain high level expectations which cannot usually be satisfying. Furthermore, Hewit & Flett(1990)believe that perfectionism is individual's propensity to maintain the collection of extreme criteria and concentration on the failures and defects in performance. The fourth factor is correlated with 6 factors and provides: parent's expectations. Frost and Colleagues (1991) consider five dimensions, which could be explanatory of perfectionism concept. One of the dimensions is personal perception of parent's expectations and their extreme criticism. Thus, parents considered being core of the malignant condition. Barva and Mora(1983) postulated four states that may lead to perfectionism as following:

- 1-Openly critical and demanding parents
- 2- The implications of criticizing in the parents' expectations and standards
- 3- Lack of criteria and standards
- 4-Perfectionism formation through perfectionist parent's behavior

The fifth factor is correlated with 5 questions and shows necessity to progress. Wiseman (1980) believes: perfectionist needs progress extremely and this trend emerges in the case of high personal and unrealistic criteria (asserted by Sarvghad et al., 2011) Frost et al 1990 considered perfectionism as high criteria for performance that is defined with self-critical assessment. The sixth factor is correlated with 4 questions and shows supremacy. In this field Hornai(1950) asserts: Regarding hiding their defects, perfectionists tend to search for special solutions. He considers these solutions as: Narcissism, perfectionism, arrogance and revenge. Perfectionism solution is the shelter of individuals with high moral, logical and spiritual standards and accordingly they downgrade the others and they are proud of their perfect judgment, action and goals. Perfectionists tend to have extreme commitment and they expect to be appreciated. Supposedly, they perceive themselves as fair, honest and conscientiousness and others should notify these traits and behave accordingly. These feelings give them a sense of supremacy (asserted by Shafran & Mansel)

Some limitations can be discussed regarding this study such as: 1) Time limitation: Reaching retest validity was really hard and Cronbach's alpha coefficient was only tool regarding assessing internal consistency of questionnaire's content and it doesn't measure the concepts such as: Reliability, predictability, repeatability and recreation. Furthermore, sampling in current study was conducted only in Tehran and it is obvious the results can't be generalized to another regions. Another limitation of this survey is that Hill perfectionism scale assesses half of factors related to perfectionism, while half of the factors related to perfectionism can't be assessed with this scale.

Authors' contributions

SA and MH conceived and designed the evaluation. MBM collected and interpreted the clinical data and drafted the manuscript. All authors read and approved the final manuscript.

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Declaration of interest

None declared

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Gender Differences in Adolescent's Health: the Effect of Coping Mechanism

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ABSTRACT

Introduction: Previous studies have suggested that male and female experience different types and severities of physical and psychological health symptoms. This study examined whether in the case of adolescents gender differences in physical and psychological health symptoms could actually be the result of differences in coping mechanism. Various factors have an influence on which coping strategies are mobilized under specific circumstances like age and gender. The present paper focuses on the interrelationships between the ways of coping and some health-related variables in adolescence. **Objectives:** (i) To find out gender differences affecting physical and psychological health symptoms. (ii) To find out gender differences affecting coping styles. (iii) To ascertain the relationship between coping styles and both physical and psychological health symptoms, in both male and female adolescents. **Methods:** The participants of the present study comprised of 100 adolescents male 50 and female 50 and they were from senior secondary schools and graduate schools recruited from Aligarh. They are adolescents and their age ranged from 13 to 18 years. **Measures:** **Brief Cope Scale** was developed by (Carver, 1997). The Brief Cope is a Likert type questionnaire that contains 14 strategies although the Brief COPE contains 28 items. **WHO-QOL Scale:** World Health Organization Quality of Life assessment, the WHOQOL-100 is a cross-culturally valid assessment of well-being. Assessment is operationalized through 100 items representing 25 facets organized in six domains. **Result and Conclusion** The results of this study suggest that doctors, school counselors and family therapists may want to take gender differences in coping styles into account when seeing adolescent patients for physical or psychological health symptoms, and find ways to help the adolescents cope more effectively with their stressors.

Keywords: Gender, Physical and Psychological health

Gender has been defined as a cultural construct which distinguishes the roles, behavior, mental and emotional characteristics between males and females (Keller, 1991). In addition, Shettima (1996) defined gender as roles and actions ascribed to women and men so as to distinguish who they are, what is expected of them by the society and how they related to each other for meaningful coexistence. Pertinent to the gender differences in stress experiences, Nolen-Hoeksema (1990) and Weissman et al. (1996) noted that across many nations, cultures and ethnicities, females are about twice as likely as males to develop depression or any other physical

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or psychological symptoms which is linked to anxiety or any other psychological or physical problems. They reported further that female face a number of chronic burdens in everyday life as a result of their social status and roles relative to males, and these strains could contribute to their higher rates of psychological issues.

In education system, adolescents are who those receiving education in junior high schools, senior high schools, colleges or universities. Due to fast physical changes and mental development at this stage, students may sometimes experience incompatibility of their mental development with their physical changes or with the social environment and thus suffer from problems arising from inadequate adaptations. These problems may further cause psychological troubles and even induce deviant behaviors. Pinel (2003) defines stress as a physiological response to perceived threat. It therefore has negative effects on life's pressures and events (Benson and Stuart, 1992) and can generally be viewed as a set of neurological and physiological reactions that serve as an adaptive function (Franken, 1994). Holmes and Rahe (1967) indicated that any life change that requires numerous readjustments can be perceived as stressful. So it is essential for adolescents to develop effective strategies in order to cope with these new stressors for positive growth and development (Werner, 1989) Stress levels among college students are higher than those of people at any other stage of life, Stress occurs when pressure exceeds beyond its perceived ability to cope. Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response.

COPING STRATEGIES:

The concept of coping is based on three theoretical components namely: physiological, cognitive and learned. Physiologically, the body's systems have their own ways of coping with distressing events. The term coping refers to adaptively changing cognitive and behavioral efforts to manage psychological stress. It identifies the ways in which people handle and manage stressful situations. It involves managing troublesome circumstances, expelling effort to solve life's problems, and seeking to master or deal with problematic situations. On the other hand, coping strategies include problem-focused coping, emotion-focused coping and seeking social support (Kohlman; Weidener; Dotzauer & Burns, 1997).

Coping strategies are known to influence an individuals' experience of stress. For most students, managing stress during college can be extremely challenging. However, learning how to manage stress may help students cope with every day social and academic pressures, and thus have a better college experience.). Coping strategies have been defined by Lazarus and Folkman (1984) as a set of behavioral and cognitive responses that are designed to minimize the demands of a stressful situation. In recent years, research has suggested that the type of coping strategy employed by an individual affects not only mental health, but also physical well-being (Wheaton, 1985; Piko, 2001). Some Studies have examined coping strategies of adolescents with the stresses of undergraduate education have generally identified the use of alcohol as a coping strategy (Guthrie et al., 1995; Campbell et al., 1998), but some studies have reported the

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use of other substances such as tobacco and drugs (Miller and Surtees, 1991; Ashton and Kamali, 1995). A study from Pakistan reported that sports, music and hanging out with friends were common coping strategies (Shaikh et al., 2004). Being able to manage responsibilities, problems, or difficulties in a calm and thoughtful manner is one way of coping.

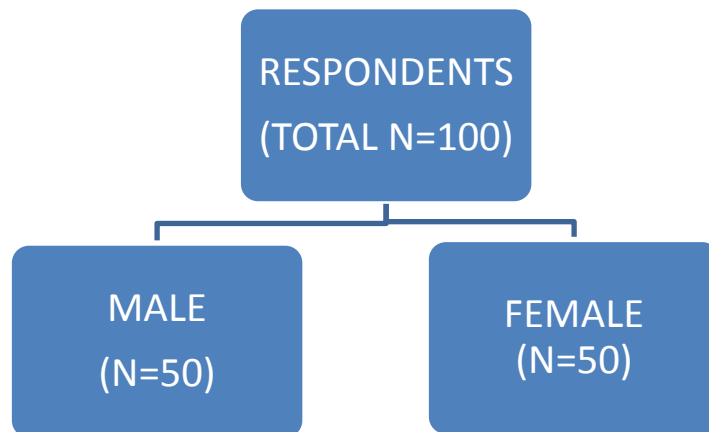
OBJECTIVES

The present study had following objectives-

- To find out gender differences affecting physical and psychological health symptoms.
- To find out gender differences affecting coping styles.
- To ascertain the relationship between coping styles and both physical and psychological health symptoms, in both male and female adolescents.

MATERIAL & METHODS

Participants / Sample: The participants of the present study comprised of 100 adolescents male 50 and female 50 and they were from senior secondary schools and graduate schools recruited from Aligarh. They are adolescents and their age ranged from 13 to 18 years.



Tools Used:

BRIEF COPE SCALE: The Brief COPE is a Likert type questionnaire that contains 14 strategies (e.g., use of alcohol/drugs to cope, seeking emotional support, giving up, etc.). Although the Brief COPE contains 28 items, we selected one item from each of the 14 strategies based on data analysis of our previous research (Pritchard & Wilson, 2003). Students responded to how they would deal with a stressful event on a 4-point scale ranging from 1 (I wouldn't do this at all) to 4 (I would do this a lot). This measure has been tested on a variety of populations (Pritchard & McIntosh, 2003), and has been validated and shown to be reliable (Carver, 1997; Perczek, Carver, Price, & Pozo-Kaderman, 2000). Moreover, it has been successfully used with adolescents (Townsend, 2002).

WHOQOL SCALE: The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group fifteen international field centers, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally World Health Organization Quality of Life assessment, the WHOQOL-100 is a cross-culturally valid assessment of well-being. The WHOQOL –BREF contains a total of 26 questions. To provide a broad and comprehensive assessment one item for each of the 24 facets contained in the WHOQOL-100 has been included. Two items from the overall Quality of life and General Health facets have been included.

RESULT

The present study was conducted to examine the individual differences in adolescents physical and psychological health symptoms, and gender differences in coping mechanism used by individual.

Gender differences in physical and psychological health symptoms:

We first examined gender differences in physical illness and psychological problems in our population, which is presented in table no-1 for their differences we used independent sample t-test which revealed significant gender differences in physical health and psychological health symptoms (N= 100), males were found to have more physical health symptoms than females and this differences was found to be significant ($t= 2.302$, $p<.05$) on the other hand males were again found to have more psychological health symptoms than female and this differences was again found to be of significant level ($t= .558$, $p= .05$) and not due to chance.

Table 1 Showing Mean Of PHH & PSH Symptoms by Gender

DOMAIN	N	MEAN	SD	T
PHH	MALE	50	8.1000	1.21638
	FEMALE	50	7.5600	1.12776
PSH	MALE	50	9.1200	1.46580
	FEMALE	50	8.9600	1.39913

* $p<.05$, PHH= Physical health, PSH= psychological health.

Gender differences in coping styles:

The second objective of this study is to examine the coping style of the individual which is presented in table no-2, t-test was used to reveal significant differences in coping technique used by the individuals and this differences was significant ($t= .52$, $p= <0.05$) and to explain which coping strategies was used more we moved to the next objective of our study.

Table 2 Means and Standard Deviation of Coping Style by Gender

DOMAINS	N	MEAN	SD	T
Male	50	50.200	10.5366	.750
Coping				
Female	50	48.460	12.5847	.750

*p< .05, Coping Style

Gender differences in type of coping mechanism used by individuals:

One of the objective of this study as to know which type of coping mechanism is being used by the individuals which is represented in table no-3. On the basis of items in the Brief Cope Inventory coping was broadly classified into two groups emotion focused coping and problem focused coping. T-test was used to examine the differences: Result of t-test revealed significant gender differences in emotion focused coping and problem focused coping (N=100), Males were found to use more emotion focused strategies than females ($t= 1.22$, $p= 0.05$) and on the other hand females were found to use more problem focused coping than males ($t=.82$, $p=0.05$), the differences not due to chance.

Table 3 Correlations between Coping Styles and Symptoms

Coping Style	N	Mean	SD	T
Problem Focused coping	50	38.40	8.87	1.22
	50	35.98	10.77	
Emotion Focused coping	50	11.80	2.72	.82
	50	12.98	12.98	

*p< .05, PFC= Problem Focused Coping, EFC= Emotion Focused Coping

Relationship between coping style and physical and psychological health symptoms:

Last objective of our study was to examine the relationship between coping style & physical and psychological health symptoms. Table no-4 shows that there is a negative relation between psychological health symptoms & emotion focused coping which indicate that as psychological health symptoms increases emotion focused coping decreases and as psychological health symptoms decreases emotion focused coping increases on the other hand there exist a positive

relation between psychological health and problem focused coping than both these relationship are not significant. Likewise there is a negative relationship between physical health symptoms with emotion focused coping & problem focused coping, which means as physical health symptoms increases emotion focused coping decreases and vice- versa. Again the differences found are not significant.

Table 4

Health symptoms	Emotion focused coping	Problem focused coping
Psychological health symptoms	-.065	.090
Physical health symptoms	-.169	-.062

DISCUSSION

The main goal of the present study was to compare gender differences in physical and psychological health symptoms in both male and female adolescents. We had hypothesized that females would report more negative physical and psychological health symptoms. And the second aim was to investigate gender differences in coping mechanism. Based on previous studies, we had hypothesized that females would utilize more emotion-focused coping styles as compare to males because males would utilize more problem-focused coping mechanism. The last objective of this study was to ascertain the relationship between coping styles and both physical and psychological health symptoms in male and female adolescents. We had hypothesized that the relationships between coping styles and physical and psychological health symptoms would differ significantly for male and female adolescents.

Gender differences in physical and psychological health symptoms:

Similar to previous research, we found that females reported more physical health symptoms, such as headaches, body pain, than do adolescent males (Linnet et al., 1989; Stang & Osterhaus, 1993). In addition, adolescent females reported more psychological symptoms, such as tension and depression, than did adolescent males (Cauce et al., 2000; Myers et al., 1984; Nolen Hoeksema, 1991). Interestingly, in addition to reporting more negative psychological symptoms females in our study also reported more of the positive health symptom “vigor” than did males. However, contrary to some previous research (Myers et al., 1984; Nolen-Hoeksema, 1991), females in our study actually reported more anger than males. This difference could partially be explained by examining the types of angry behaviour analysed. For example, Tamres et al. (2002) performed a comprehensive meta-analysis of recent coping research. Results from this analysis indicated that venting was measured in some studies as aggressive behaviour (i.e., anger) while in other studies it was more passive in nature (i.e., crying). Hence, definitions of

angry coping behavior are not always clearly delineated and this may lead to varying interpretations of data (Tamres et al., 2002)

Gender differences in coping mechanism:

Similar to previous studies (Felsten, 1998; Houtman, 1990; Mullis & Chapman, 2000; Porter & Stone, 1995; Schaffer & Pritchard, 2003), we found gender differences in coping mechanism. Research (Ptacek et al., 1994) has traditionally found that adolescent females used emotion-oriented coping strategies more often than males who typically tend to be more problem-oriented (Stone & Neale, 1984). In contrast, the females in our study were more likely to use both emotion-focused and problem-solving strategies than adolescent males. This supports the findings reported by Piko (2001) with Hungarian adolescents who found that while girls used both passive and emotion-oriented ways of coping more often than boys, they also turned to problem-solving strategies as well. Moreover, the meta-analysis conducted by Tamres et al. (2002) further noted that women tend to use a greater number of coping behaviors when compared to men. Hence, it appears that there are gender differences as well as similarities in the types of coping strategies used by adolescent boys and girls and that continued research is needed in this area.

Relation between coping styles and physical and psychological health symptoms:

An important contention of previous studies of adults has been the suggestion that gender differences in both physical and psychological health symptoms may actually be the result of gender differences in coping styles (Fraser, 1986; Hazzard, 1986; Jick & Mitz, 1985; Myers et al., 1984; Nolen-Hoeksema, 1991; Solomon & Rothblum, 1986). However, in a looking at adolescent coping strategies and psychosocial health Piko (2001) reported that for Hungarian boys and girls, passive and risk coping factors exerted a negative influence while problem-solving and support seeking strategies played a positive role. As a result, a primary contribution of the present study was to determine whether coping strategy, regardless of gender, correlated to physical and psychological symptoms in adolescents.

For the present study, although the correlations were small in magnitude, we did find that for emotion-focused coping, the correlations between coping and health were positive and were similar for males and females. However, there were a few differences in correlations. Specifically, whereas problem-focused coping correlated positively to vigor in both genders, problem-focused coping was negatively correlated to depression and confusion in females, but positively correlated with tension in males. Regardless of gender, avoidant coping styles correlated positively with physical ailments. Moreover, in females, avoidant coping also correlated positively with certain psychological problems, including anger, tension, depression, and confusion.

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Psychological Dimension of HIV/AIDS and Recent Advances in Its Management

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ABSTRACT

HIV as a chronic illness is manageable but not curable. Psychiatric disorders not only act as risk factors for HIV infection but also result from the diagnosis of HIV infection. The psychiatric disorders range from anxiety, depression to neurocognitive disorders. The diagnosis also means psychological and emotional effects on the patients and the caregivers. This requires that biopsychosocial perspective be employed in managing such patients for better treatment adherence and increased quality of life. There are various psychological interventions available like cognitive behavior therapy, group therapy, mindfulness based therapy etc. Despite wide prevalence of such problems present in India, very few clinicians are aware of these psychological interventions and make them available to the patients.

Keywords: *HIV/ AIDS, Mental illness, psychological interventions*

Chronic illness is a long-lasting condition that can be controlled but not cured. Arthritis, cancer, asthma, diabetes, cardio vascular disease, HIV/AIDS are commonly occurring chronic illnesses. HIV is a unique type of virus (a retrovirus) which invades the helper T cells (CD4 cells) in the body of the host. It is preventable, manageable but not curable. It is in Stage IV when the immune system weakens and the illnesses become more severe leading to an AIDS diagnosis.

There are around 34 million people living with HIV. In 2011 there were around 2.5 million new HIV infections and 1.7 million deaths due to AIDS (WHO, June 2011). The adult HIV prevalence in India has increased to 0.27 percent, as of 2011 (NACO, 2013) and it was estimated that 2.4 million people were living with HIV in India (UNAIDS, 2010).

Studies have shown that there is relationship between HIV transmission and mental illness and that prevalence of psychiatric disorders is higher in HIV infected individuals than the general

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population. There are several ways in which HIV infection and psychiatric disorders are linked. (i) HIV infection owing to its malignant course and the associated stigma often results in emotional reactions of a serious nature among those infected. (ii) The HIV has direct effects on the brain that may lead to neurocognitive disturbances, psychosis or behavioural changes. (iii) Opportunistic neurological and systemic infections and their treatment may lead to neuropsychiatric problems. (iv) Some of the drugs used in HAART (highly active antiretroviral therapy) are known to be associated with psychiatric side effects. (v) Persons with severe mental illness are known to be vulnerable to HIV infection and there are special management concerns in this population. (vi) Substance abuse and HIV are linked in direct ways (intravenous drug use: IVDU) and in indirect ways by their influence on sexual behaviour. (vii) Treatment adherence and course of illness have been found to be influenced by emotional factors and substance use (Chandra et al., 2005).

Thus it is important to treat HIV with biopsychosocial perspective in mind with special emphasis on recognizing and managing psychological problems during routine assessment and management of medical problems. Recent advances have shown that focussed counselling, cognitive behaviour therapy, group therapy, mindfulness based therapy etc. along with medical treatment can lead to better outcome. Through therapy psychosocial issues are addressed, patients' journey through life review and life closure issues, along with grief, anger, guilt, relationship difficulties and resolution of 'unfinished business.'

PSYCHIATRIC DISORDERS AND HIV

Substance use

Research shows that 20 to 73 percent of HIV/AIDS infected individuals have substance abuse disorders (Gallego et al., 2000). Alcohol abuse increases the probability of a variety of risky sexual behaviors, including sex with multiple partners, sex with strangers, possibility of rape, failure to use condoms, and sex with intravenous drug user.

Schizophrenia

People with schizophrenia, who have sex, do appear to be more likely to engage in known high-risk sexual behaviours. In a study by Cournos et al. (1993) condom use was very low (around 8%), drug or alcohol use during sex was common, as was sexual exchange (for money, drugs or other goods). In a recent population based cohort study it was found that HIV was associated with an increased risk of schizophrenia especially in those with substance use disorder (Helleberg et al., 2015).

Personality disorder

HIV/AIDS patients who tend toward instability and extroversion exhibit a higher level of risky behavior (Treisman, 2001). People with antisocial personality are at increased risk of exposure to HIV, especially in the context of drug-taking (Compton et al. 1995) as they are: more prone to

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share needle, more likely to have higher number of lifetime sexual problems, more likely to engage in unprotected anal sex.

HIV/ AIDS AND PSYCHIATRIC DISORDERS

30-60% lifetime prevalence of psychiatric disorders has been reported in HIV patients (Atkinson et al., 1988; Morrison et al 2002). Higher prevalence of psychiatric disorders was found in patients with HIV as compared to the general population (Ahuja et al., 1998).

Stages	Disorder
Stage I	<ul style="list-style-type: none">• Acute stress reaction• Adjustment disorders• Panic disorders• Suicide
Stage II	<ul style="list-style-type: none">• Depression• Substance abuse• Anxiety disorders• Personality changes• Suicide
Stage III and IV	<ul style="list-style-type: none">• Dementia• Delirium• Psychosis• Mania• Depression• Seizures

'AIDS' phobia

It is the fear of contracting HIV infection, despite the negative test results. Patients with hypochondrias or OCD may present with a fear of developing / having AIDS as a complaint. Sometimes, this is related to guilt over unprotected intercourse, misinformation and inadequate knowledge. It has been associated with anxious temperament and is more among those with health anxiety.

Grief and bereavement

Maladaptive grief shows more rapid decline of CD4 (Goforth et al, 2009). Bereavement may result due to: severity of HIV and AIDS, the loss of health, a decrease in functioning, the

deterioration of body integrity, the anticipatory loss of life may also result. The bereaved person typically considers symptoms of sadness, insomnia, poor appetite, and weight loss.

Anxiety disorders

Depression and anxiety disorders are seen throughout the course of HIV infection, and the conditions commonly coexist. Prevalence of anxiety disorder ranges from 5%-40% (McDaniel and Blalock, 2000). The anxiety disorders which are commonly found in such patients are adjustment disorders, acute stress reaction, panic disorder, obsessive compulsive disorder and generalized anxiety disorder (GAD). Prevalence of GAD is increased in HIV infected individuals as compared to HIV negative individuals (Hinkin et al., 2001). PTSD can develop in response to HIV diagnosis with diagnosis of potentially life threatening illnesses (Kelly et al., 1998).

Depression

In the study on prevalence of psychopathology 36% of the patients tested positive for major depression and 27% for dysthymia (Bing et al., 2001). There has been found increase in depression in HIV infected individuals in recent studies (Nakimuli, 2011) Depression has a negative impact on adherence with medical treatment, quality of life and treatment outcome. HIV increases the risk of developing major depression through direct injury to subcortical areas of brain, chronic stress, worsening social isolation and intense demoralization.

Mania

Mania can occur in conjunction with bipolar disorder or HIV infection of the brain. Mania occurring early is likely to be due to an underlying bipolar disorder. Mania occurring late in the course of illness (“AIDS mania”) is probably due to HIV infection of the brain.

The prevalence of mania is reported to be significantly increased in patients with AIDS compared to the general population (Lyketsos et al., 1993; Ellen et al., 1998).

HIV-associated mania is different from mania with bipolar disorder: more irritability, less hyper talkativeness, more psychomotor slowing and cognitive impairment

Psychosis

Psychotic symptoms can appear as a part of delirium, dementia or any other organic brain syndrome. Drug-induced psychosis is a common cause. 0.2% -15% of patients with HAD develop psychotic symptoms (Sewell, 1996)

HIV associated neuro-cognitive disorders (HAND)

There is high prevalence of milder forms (HIV-associated asymptomatic neurocognitive impairment (ANI) and HIV-1-associated mild neurocognitive disorder (MND) in patients treated with combination antiretroviral therapy (Heaton et al., 2010). Highly active antiretroviral therapy (HAART) substantially decreases the occurrence of dementia.

Delirium

30 to 40 percent of hospitalized patients with human immunodeficiency virus (HIV) infection develop delirium (Perry, 1990). HIV increases chances of delirium (Sonnevile, 2011). It has a high mortality rate and requires immediate treatment. It is characterized by: inattention, disorganized thinking or confusion, fluctuations in levels of consciousness, presence of emotional changes and hallucinations and delusions.

Sleep disorder

Studies have found high sleep disturbances among HIV infected persons (Reid et al., 2005; Crum-Cianflone et al., 2012). Sleep disturbances have been noted to appear soon after initial HIV infection and continue throughout the course of the disease (Cruess, et al., 2003).

Suicide

A study by Chandra et al., 1998 revealed persistent suicidal ideations in 14 per cent, death wishes in 20 per cent and suicidal attempts in 8 per cent HIV patients (Chandra et al., 1998). Suicide rates are found to be 10 times higher as compared to general population (Catalan et al., 2011). Suicidal behaviors in PLWH may be associated with an initial HIV or AIDS diagnosis, advancing disease, symptoms of illness, psychiatric disorders, and substance use (Kelly et al., 1998). Suicidality may be the direct physiological result of HIV or a reaction to chronic pain, or an emotional reaction to having a chronic and life-threatening illness.

Psychiatric side effects of anti retroviral drugs

Antiretroviral drugs are associated with significant side effects. cohorts, clinical studies have shown that there are CNS side effects of efavirenz (Rih et al., 2006). It has been seen that up to 50% of patients in clinical studies experience dizziness, headache, confusion, impaired concentration, and abnormal or vivid dreams which usually resolve in 2-4 weeks. Case reports have shown Zidovudine causes mania, depression, insomnia, headaches and Nevirapine & Abacavir: can cause psychosis.

MANAGEMENT

Combined Pharmacological and psychological interventions are both important in these patients to deal with mental health problems. Psychological interventions focus on the individual as well as the caregivers. It deals with the symptoms like depression; anxiety etc. and helps the client and family in dealing with the emotional reactions to the diagnosis. Better mental health may in turn lead to reduction in risk behaviours and improvement in HIV treatment adherence which eventually increases their quality of life (Sikkema et al., 2010).

Intervention is done at three levels: primary intervention, secondary intervention and tertiary intervention. Primary intervention includes changing social structures and increasing knowledge, information and communication. Secondary intervention includes recognizing mental disorder risk factors, including mental health in primary health care, providing access to psychiatric

medications and providing access to antiretroviral drug treatment. Tertiary intervention includes improving communication between parents and children, preparing children for life after parental death, training teachers to offer support and additional measures for easing transitions.

COUNSELING

Counseling for HIV patients should be specialized and done by trained individuals as the diagnosis of infection results in various emotional reactions like fear, denial, anger, loss, grief, anxiety etc. it is not only the clients who go through this but also their close social networks who experience the same reactions. The process of counseling is confidential. It should be empowering and help the clients take decisions that will affect not only their life but also the life of their family members. The counseling is done before and after the client is screened.

Pre test counselling

This is done before the client is screened to provide education as well as guidance to the client. The main aim is to discuss the meaning of a positive or negative result and clarify distortions, give emotional support, explore high-risk behaviors and recommend risk-reducing interventions. The client is told about confidentiality and that their results will not be discussed with anyone without their permission. It also addresses the potential impact of the result on social status (e.g., health and life insurance coverage, employment, housing)

Post test counselling

It is done just after the test has been done. It aims to provide interpretation of test result and clarify distortion. If test is negative recommendations are given for prevention of transmission (careful discussion of high-risk behaviours and guidelines for prevention and transmission)

If test result is positive, recommendations against donating blood, sperm, or organs and against sharing razors, toothbrushes, and anything that may have blood on it. Referral is made for appropriate psychological support: HIV-positive patients often need access to a mental health team. Common themes include the shock of the diagnosis, the fear of death, and social consequences, grief over potential loss, and dashed hopes for good news. The counselor also needs to look for depression, hopelessness, anger, frustration, guilt, and obsessional themes.

Cognitive behavior therapy

Cognitive behavioural therapy has a good evidence base in the treatment of depression in people suffering from chronic and life-threatening diseases. Cognitive behavioural therapy has been shown to improve adherence to prescribed medication in chronic medical disorders like multiple sclerosis (Mohr, 2000).

In a study by Safren, 2012, found that in patients managing multiple challenges including HIV, depression, substance dependence, and adherence, CBT-AD is a useful way to integrate treatment of depression with an adherence intervention (Safren, 2012).

In the therapy the start of session includes an assessment and discussion of HIV medication adherence and current mood. Motivational interviewing and psycho education is to be done next. Activity scheduling, problem solving training and relaxation and diaphragmatic breathing are the other steps.

Group therapy

Group interventions provide a range of therapeutic processes, both general and specific (Burlingame et al., 1995). Groups offer a forum for peer support, a sense of universalism or shared experience, and an opportunity to learn from others facing similar challenge. Peer support and modeling contributes to new coping resources and self efficacy (Fawzy et al., 1996). A support group has the beneficial effect of moderating the patient's sense of isolation by providing a new social network.

Supportive-expressive group therapy

Each supportive-expressive therapy group is led by two therapists. The therapist should have training and experience in psychotherapy or group therapy, as well as training and experience in psychosocial support for patients with life-threatening illnesses or medical management of HIV disease. He should also have at least minimal knowledge of HIV infection, medical complications and treatments, as well as treatment side effects. He should also have the ability to establish and maintain rapport, instill confidence in his or her ability, and display appropriate warmth and caring.

The goals of the therapy is to facilitate mutual support among group members and reduce isolation and improve social and family support/ decrease feelings of loneliness and guilt. The therapy promotes greater openness and emotional expressiveness both within and outside the group and facilitates the integration of a changed self and body image into the patient's current view of self. It also aims to improve coping skills and normalization of experiences, detoxify feelings around death and dying, help patients develop a life project, promote safer sexual practices, and enhance quality of life and greater authenticity.

In a study on older adults with HIV it was found that tele-supportive expressive group therapy reduces more depressive symptoms as compared to a standard of care at post intervention and at 4 and 8 month follow up (Timothy et al., 2013)

Guided imagery

It is a mind-body technique involving the deliberate prompting of mental images, used in the treatment of mental disorders, for performance enhancement, and in helping patients cope with diseases and their symptoms.

In a study by Simonton et al., 1978 surprising results were found in terms of unexpected longevity and improved immune activity as a result of relaxation techniques and imagery

(Simonton et al., 1978). In a study including bi-weekly sessions of biofeedback/progressive muscle relaxation, hypnosis and meditation found improvement in the immunity in patients with HIV (Taylor, 1995).

Acceptance based behavior therapy

HIV/ AIDS patients tend to employ avoidance based coping due to fear of stigmatization and judgement. Avoidance-based coping is associated with lower adherence (Amir, 1997) and higher levels of distress (Thompson et al., 1992).

Acceptance based behavior therapy (ABBT) fosters the ability to accept distressing subjective experiences (thoughts, feelings, sensations, memories, etc.) without efforts to avoid, escape, or otherwise change the content of such experiences.

A pilot study was done by Moitra, 2011 to see the effect of ABBT to increase HAART adherence in HIV patients and found positive results in this regard (Moitra et al., 2011).

Art therapy

It is based on the belief that the creative process involved in the making of art is healing (Nainis et al., 2006). It lowers stress and gives patients an alternative focus other than their illness (Malchiodi, 1998). Studies suggest that art therapy can lead to increased awareness of self, as well as improved ability to cope with symptoms, stress, and traumatic experiences (American Art Therapy Association, 2003).

It may enhance the effects of pain medication through disassociating pain from psychological distress (Malchiodi, 1998). Hrenko (2005) found that art therapy was valuable for children diagnosed with HIV/AIDS in a therapeutic day camp. Another study found that art therapy was helpful for Native Americans living with HIV/AIDS who had difficulty articulating these emotions (Bien, 2005). In a study on HIV patients it was seen that one session art therapy resulted in improvement in symptoms associated with HIV/AIDS (Rao et al., 2009).

Dance therapy

Dance movement therapy (DMT) is a science and an art that involves the use of nonverbal communication through the medium of movement and dancing (Boris, 2002). Dance therapy provides an outlet for sadness, fear anger and joy (Levy, 1988). It has shown beneficial effects on immune functioning (Keller, 2002)). DMT enhances self esteem, greater social support and an increased sense of self control (Bojner et al., 2003) and a greater ability to cope with stressful life events (Kober, 1988)

A study by Fairfax et al., 2003 found that DMT has a positive impact on Quality of life of individuals with clients with co-occurring HIV, addiction, and mood disorders (Fairfax et al., 2003).

Music therapy

Music therapy uses non-verbal communication as a mode of interacting and expressing of emotional states, and as the basis for developing a meaningful relationship (Ansdell, 1995; Pavlicevic, 1997). It requires the implementation of a music intervention by a trained music therapist, the presence of a therapeutic process, and the use of personally tailored music experiences.

These music experiences include listening to live, therapist-composed, improvised, or pre recorded music; performing music on an instrument; improvising music spontaneously using voice or instruments, or both; composing music; and music combined with other modalities (e.g., movement, imagery, art) (Dileo 2007).

Studies have reported that music therapy was effective for enhancing spirituality (Włodarczyk 2007), reducing tiredness and drowsiness (Horne-Thompson 2008), and alleviating discomfort and sadness (Nguyen 2003).

Mindfulness based therapy

Mindfulness-based interventions (MBIs) are focused on the cultivation of self-regulated attention, acceptance and openness to experiences gained through reflective structured exercises/practices like meditation or yoga. Most commonly used MBIs include mindfulness-based stress reduction (MBSR) and cognitive therapy (MBCT). MBSR programs have been found to be effective in reducing stress and anxiety and have elicited positive physical outcomes in people living with HIV

An RCT with 76 participants compared MBSR to participants on a wait list and found reduced frequency, severity and distress from symptoms resulting from anti-retroviral therapy (ARTs) (Duncan et al., 2012).

Two small studies (one a RCT and one a pilot study) found that HIV positive participants receiving MBSR (Creswell et al., 2009) or practicing mindfulness meditation (Jam et al., 2010) over the course of 8 weeks stabilized or increased their CD4 counts.

Another RCT comparing MBSR to participants receiving treatment-as usual found that MBSR reduced avoidance and improved positive affect in HIV+ gay men who had previously reported difficulty in coping with their HIV and suffered from moderate to severe distress (Gayner, 2011). A study found MCBT as useful in reducing emotional disturbance symptoms (internalizing problems, depression, anxiety, hopelessness, and perceived stress) in HIV/ AIDS affected adolescents (Sinha, 2010).

CONCLUSION

HIV is a chronic stressor that places HIV-infected persons as well as their immediate and extended families at risk for psychological distress and psychiatric disorders. The management should include both pharmacological and psychological interventions. The choice of therapy depends on the symptom to be focussed for eg. to increase adherence in HIV patients CBT-AD is a better choice. Recently mindfulness based therapies are being used in terminally ill patients with proven results. Thus, it can be said that a combination of therapies focusing on different symptoms can result in holistic improvement in the patient.

The reviews regarding psychological management were mainly from the western countries. In the past few decades a lot of work in India has been done in spreading awareness and reducing stigma in the patients of HIV as well as in the general population. Still there are gaps in dealing with psychological problems of these individuals. Pre and post test counselling has gained importance but proper skilled interventions for HIV patients is far from existence in India. Presently it is difficult to find skilled psychotherapist in setups dealing with HIV patients who can better deal with the psychological issues of these patients.

The researches now need to focus on the psychological interventions by skilled psychotherapists in HIV patients.

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